Charlestown Mall Box 5 Document 2



Date	
91280 1.d.#	
1.D.# 161122399	

	161122399
,	Taxing Application for which intende
hunder Holding	Corporation Tax
huyler Holding C Le writesporo Si uca ny 13501	Estimated Tax (Personal)
6 Whitesporo Si	Miscellaneous Tax
uca ny 13501	Sales Tax
V	☐ Withholding Tax
	"Telliording tax
The attached remittance is being	returned for the reason indicated below.
·····	
OF THIS NOTICE AND USE THE EN	AND RETURN IT IMMEDIATELY. ATTACH A COPY NCLOSED ENVELOPE. FAILURE TO DO SO WILL OF YOUR PAYMENT AND/OR THE ISSUANCE OF D PENALTY INCLUDED.
OF THIS NOTICE AND USE THE EN	NCLOSED ENVELOPE. FAILURE TO DO SO WILL OF YOUR PAYMENT AND/OR THE ISSUANCE OF
OF THIS NOTICE AND USE THE EN RESULT IN THE MISAPPLICATION OF AN ASSESSMENT WITH INTEREST AND Not signed - Please sign.	NCLOSED ENVELOPE. FAILURE TO DO SO WILL OF YOUR PAYMENT AND/OR THE ISSUANCE OF
OF THIS NOTICE AND USE THE ENRESULT IN THE MISAPPLICATION OF AN ASSESSMENT WITH INTEREST AND Not signed - Please sign. Wrong payee - Make Payable to	NCLOSED ENVELOPE. FAILURE TO DO SO WILL OF YOUR PAYMENT AND/OR THE ISSUANCE OF D PENALTY INCLUDED.
OF THIS NOTICE AND USE THE ENRESULT IN THE MISAPPLICATION OF AN ASSESSMENT WITH INTEREST AND Not signed - Please sign. Wrong payee - Make Payable to the signed by the si	OCLOSED ENVELOPE. FAILURE TO DO SO WILL OF YOUR PAYMENT AND/OR THE ISSUANCE OF D PENALTY INCLUDED. O New York State Tax Commission se issue a new remittance with Corrected Am
OF THIS NOTICE AND USE THE ENRESULT IN THE MISAPPLICATION OF AN ASSESSMENT WITH INTEREST AND Not signed - Please sign. Wrong payee - Make Payable to Amounts are Different - Please	OCLOSED ENVELOPE. FAILURE TO DO SO WILL OF YOUR PAYMENT AND/OR THE ISSUANCE OF D PENALTY INCLUDED. O New York State Tax Commission se issue a new remittance with Corrected Ande.
OF THIS NOTICE AND USE THE ENRESULT IN THE MISAPPLICATION OF AN ASSESSMENT WITH INTEREST AND Not signed - Please sign. Wrong payee - Make Payable to Amounts are Different - Pleated - Pleated - Pleated - Use current dated - Us	OCLOSED ENVELOPE. FAILURE TO DO SO WILL OF YOUR PAYMENT AND/OR THE ISSUANCE OF D PENALTY INCLUDED. O New York State Tax Commission se issue a new remittance with Corrected Ande.
OF THIS NOTICE AND USE THE EN RESULT IN THE MISAPPLICATION OF AN ASSESSMENT WITH INTEREST AND Not signed - Please sign. Wrong payee - Make Payable to Amounts are Different - Plea Post Dated - Use current date Mutilated - Please issue new	OCLOSED ENVELOPE. FAILURE TO DO SO WILL OF YOUR PAYMENT AND/OR THE ISSUANCE OF D PENALTY INCLUDED. O New York State Tax Commission se issue a new remittance with Corrected Ande.
OF THIS NOTICE AND USE THE ENRESULT IN THE MISAPPLICATION CAN ASSESSMENT WITH INTEREST AND Not signed - Please sign. Wrong payee - Make Payable to Amounts are Different - Plea Post Dated - Use current date Mutilated - Please issue new Make Payable in U.S. Funds.	OCLOSED ENVELOPE. FAILURE TO DO SO WILL OF YOUR PAYMENT AND/OR THE ISSUANCE OF D PENALTY INCLUDED. O New York State Tax Commission se issue a new remittance with Corrected Ande.

Processing Division



4796 F EMPIRE CIRCUITS INCORPORATED 311 TURNER ST. UTICA, N.Y. 13501 \$ 250.00 Dollars BANK & UTICA UTICA, N. Y. ***O21311383# 03 - 6 7 9 8 1



Date	
9.12.80	
	 <u>-</u> .
161122399	

	Taxing Application for which intende
hunler Holding (Corporation Tax
auga. 110 sous ja	Estimated Tax (Personal)
6 Whitespore St.	Miscellaneous Tax
huyler Holding le Le Whitesporo St. Lica n.y. 13501	Sales Tax
	Withholding Tax
	returned for the reason indicated below.
PLEASE CORRECT THE REMITTANCE A OF THIS NOTICE AND USE THE ENC	ND RETURN IT IMMEDIATELY. ATTACH A COPY CLOSED ENVELOPE. FAILURE TO DO SO WILL F YOUR PAYMENT AND/OR THE ISSUANCE OF
PLEASE CORRECT THE REMITTANCE A OF THIS NOTICE AND USE THE ENC RESULT IN THE MISAPPLICATION OF	ND RETURN IT IMMEDIATELY. ATTACH A COPY CLOSED ENVELOPE. FAILURE TO DO SO WILL F YOUR PAYMENT AND/OR THE ISSUANCE OF
PLEASE CORRECT THE REMITTANCE A OF THIS NOTICE AND USE THE ENC RESULT IN THE MISAPPLICATION OF AN ASSESSMENT WITH INTEREST AND Not signed - Please sign.	ND RETURN IT IMMEDIATELY. ATTACH A COPY CLOSED ENVELOPE. FAILURE TO DO SO WILL F YOUR PAYMENT AND/OR THE ISSUANCE OF
PLEASE CORRECT THE REMITTANCE A OF THIS NOTICE AND USE THE ENC RESULT IN THE MISAPPLICATION OF AN ASSESSMENT WITH INTEREST AND Not signed - Please sign. Wrong payee - Make Payable to	IND RETURN IT IMMEDIATELY. ATTACH A COPY CLOSED ENVELOPE. FAILURE TO DO SO WILL F YOUR PAYMENT AND/OR THE ISSUANCE OF PENALTY INCLUDED.
PLEASE CORRECT THE REMITTANCE A OF THIS NOTICE AND USE THE ENC RESULT IN THE MISAPPLICATION OF AN ASSESSMENT WITH INTEREST AND Not signed - Please sign. Wrong payee - Make Payable to	ND RETURN IT IMMEDIATELY. ATTACH A COPY CLOSED ENVELOPE. FAILURE TO DO SO WILL YOUR PAYMENT AND/OR THE ISSUANCE OF PENALTY INCLUDED. New York State Tax Commission e issue a new remittance with Corrected Andrews
PLEASE CORRECT THE REMITTANCE A OF THIS NOTICE AND USE THE ENC RESULT IN THE MISAPPLICATION OF AN ASSESSMENT WITH INTEREST AND Not signed - Please sign. Wrong payee - Make Payable to Amounts are Different - Please	ND RETURN IT IMMEDIATELY. ATTACH A COPY CLOSED ENVELOPE. FAILURE TO DO SO WILL YOUR PAYMENT AND/OR THE ISSUANCE OF PENALTY INCLUDED. New York State Tax Commission e issue a new remittance with Corrected Andrews
PLEASE CORRECT THE REMITTANCE A OF THIS NOTICE AND USE THE ENC RESULT IN THE MISAPPLICATION OF AN ASSESSMENT WITH INTEREST AND Not signed - Please sign. Wrong payee - Make Payable to Amounts are Different - Please Post Dated - Use current date.	ND RETURN IT IMMEDIATELY. ATTACH A COPY CLOSED ENVELOPE. FAILURE TO DO SO WILL YOUR PAYMENT AND/OR THE ISSUANCE OF PENALTY INCLUDED. New York State Tax Commission e issue a new remittance with Corrected Andrews

Processing Division

KERNAN AND KERNAN, P. C.

COUNSELORS AT LAW
BANKERS TRUST BUILDING
UTICA, N. Y. 13501

JAMES S. KERNAN, JR.
JOHN E. HUNT
LEIGHTON R. BURNS
LAWRENCE J. GOLDBAS
JAMES W. MORGAN
GREGORY A. HAMLIN
ANDREA LYNCH

EARLE C. BASTOW
THOMAS S. KERNAN
COUNSEL

AREA CODE 315

UTICA 797-8300 HERKIMER 866-7497

February 1, 1979

Mr. Spencer J. Boyce Charles A. Gaetano Construction Corporation 1506 Whitesboro Street Utica, New York 13502

RE:

Schuyler Holding Company, Inc.

Dear Spence:

We have received word from our representative in Albany that the certificate of incorporation for the above was filed with the Department of State on January 26, 1979. A copy of the receipt issued by the Department of State is enclosed.

Please give me a call and let me know whether or not you want us to order a corporate minute book, seal, etc.

Sincerely yours,

KERNAN AND KERNAN, P. C.

Lawrence J. Goldbas

LJG:d Enc.

RFCEIVED

Ales A. Gaetano Construction Const

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532866

STATE OF NEW YORK

1979

Article 9A

Corporation Franchise Tax Report

Tax Law		For the Calenda	ar Year 1979	or .				
Taxable Perio	d Begun		979. En	ded			19	
A SUBCHAPTER	S CORPORATIO	N MUST ATTACH	•	ITS FEDERA	AL FORM 112	05, P	AGES 1 THRI	J 4.
(Please type or				• •	•		OFFICIAL	
AFFIX PRE-ADDRESSED	EMPLOYER IDENTIF	ICATION NUMBER	FILE NUM	BER			1	
LABEL HERE	NAME						DATE RE	ECEIVED
<u>,</u>							_}	
CHECK IF CHANGED SINCE LAST	NUMBER AND STREE	T						
REPORT OR IF LABEL IS INCORRECT:	CITY OR TOWN, STA	TE 400 710 6005					1	
ADDRESS EMPLOYER NUMBER	CITT OR TOWN, STA	TE AND 21P CODE		•				
PRINCIPAL BUSINESS ACTIVITY	<u> </u>	TELEPHONE NUMBER		BURNESE CRON	B 6005 WW.1050		4	
TORCH AL BUSINESS ACTIVITY		LECT HONE WOMBER		PER FEDERAL	P CODE NUMBER			
STATE OR COUNTRY OF INCORPORATION	 	DATE	DATI	E BEGAN BUSINE	SS IN NEW YORK	STAT		
		30					7	
FEDERAL RETURN WAS FILED ON:	<u> </u>				19		<u></u>	
□ 1120	1120-S		المدادات		7 04			
HAS THE INTERNAL REVENUE SERVICE			NOT PREVIOU		Other		TOTAL ASSETS	5 (LINE 27 COL. Ь)
YES NO If yes, Fe	deral changes must	be reported on Form (CT-3360 withi	n 90 days of the	ne final		\$, (EME 27 00C. D)
	etermination.						'	_
IMPORTANT - TO AVOID REJE	CHON, ALL LIN	ES MARKED OMUS	I BE COMP	LETED. USE	ZEROS WHE	REA		TANCE
Remit amount shown at line 21,	Schedule A. Mal	ke check payable to	New York	State			\$	1
			Corporation					
SCHEDULE A - COMPUTAT	ION OF TAX A	ND INCOME						
1. Federal taxable income befo	re net operatina	loss deduction and	special dedu	ctions		11	\$	
2. Interest on Federal, State, A							Ψ	
3. New York State franchise ta								
- 4. Interest to stockholders \$								
5. Taxable income (Total Line						. 5	<u> </u>	-
6. Tax based on income					× 10%	6		
7. Tax based on capital (enter	from Schedule C,	Line 29)			× .00178 •	7		
8. Compensation of officers: (e	enter from Schedu	le D. Line 32)				. 8		
9. Taxable income (Line 5 abo							<u> </u>	
10. Total 8 plus 9						10	 	—
11. Less statutory deduction of					31	11	1	
12. Balance						.12	<u> </u>	
13. Alternative Base - 30% of L						13		
14. Tax based on Alternative Ba					× 10%	14		
15. Minimum Tax	# 15 15	*****				1.5	\$2	50 00
			I I ax Creait	scom NUIbe	claimed on 1			
16. Tax: Largest of Lines 6, 7,				,		16		•
17. Prepayments - see back						17	<u> </u>	•
18. Balance (Line 16 less line 1						18	<u> </u>	
19. Interest: Compute on Line 1						19		•
20. Additional Charges: Comput	e on Line to	•••••••••••••••••••••••••••••••••••••••	••••••	•••••••••••••••••••••••••••••••••••••••	••••••	20	L	
-21. BALANCE DUE: Total of L	: 19 10 1	20		ò				_
ZIPOREANCE DUE. Toldy of E	ines 10, 17 and 2		*******************	P.	41	21	<u></u>	
22 OVERBANKENT I. 171	1/ 1/		CREDIT	to next perio	od ———— þ.		\$	-
22. OVERPAYMENT: Line 17 I	ess line 10	•••••••	REFUND)———		22	\$	
SCHEDULE B-ADDITIONAL	···········		and the style and the state of the state of					
			 			1	· · · · · · · · · · · · · · · · · · ·	
23. Compensation of officers de		l return	···			23		•
24. Interest deducted on Federal						24		•
25. Depreciable assets and land						25		•
76 Takal Danasi ka (Tak 1)	4 . 1		1			1 - 4		

SCHEDULE C - COMPUTATION OF CAPITAL	Enter total assets in columns	(a) and (b) from balance sheet of Federal return.

Total Assets Current Liabilities (see instructions)	Schedule A		\$	\$
. Total Capital (Line 27 less line 28) - Enter at line 7, . Issued Capital Stock	Schedule A			The state of the s
. Issued Capital Stock			<u> </u>	
. Paid in Capital, Surplus and Reserves		9	T	
RPORATIONS ORGANIZED OUTSIDE NEW YORK STATE SHOULD COMPLE			1	
	TE THE FOLL	OWING WITH RECRE	CT TO CARITAL STOCK IS	SHED AND OUTSTANDING:
r Shares, \$; No Pa	If	Shares	, \$
HEDULE D - OFFICERS (appointed or elected) A mpensation, and every stockholder owning more th				no received any compenso
ame and Address - Give actual residence (Attach rider if necessary)	Soc.	Sec. Number	Official Title	Salary & All Ot Compensation Rece from Corporation
				\$
		•		
· • • • • • • • • • • • • • • • • • • •	1			
			-	
. Total (including any amount on rider.) - Enter at L			E A	
. Total (including any amount on rider.) - Enter at L COMPOSITION OF PREPAYMENTS CLAIMED				T SERIAL NUMBER
COMPOSITION OF PREPAYMENTS CLAIMED	AT LINE	17, SCHEDULI		T SERIAL NUMBER
A. Mandatory First Installment	DATE	17, SCHEDULI		T SERIAL NUMBER
A. Mandatory First Installment	DATE	17, SCHEDULI		T SERIAL NUMBER
A. Mandatory First Installment	DATE	17, SCHEDULI		T SERIAL NUMBER
A. Mandatory First Installment	DATE	17, SCHEDULI		T SERIAL NUMBER
A. Mandatory First Installment	DATE	17, SCHEDULI		T SERIAL NUMBER
A. Mandatory First Installment	DATE	17, SCHEDULI		T SERIAL NUMBER
A. Mandatory First Installment	DATE	17, SCHEDULI		T SERIAL NUMBER

Mail this report to:

Processing Unit

P. O. Box 1909

Albany, New York 12201

STATE OF NEW YORK

1979

Article 9A Tax Law

Corporation Franchise Tax Report

For the Calendar Year 1979 or

Taxable Period Begun1	979, Ended		19	
A SUBCHAPTER S CORPORATION MUST ATTACH A	COPY OF ITS FEDERAL FORM 112	20S, PA	GES 1 THRU 4	•
(Please type or print.)			OFFICIAL USE	ONLY
AFFIX PRE-ADDRESSED Control of the control of th	FILE NUMBER BUYP			
LAREL HERE			DATE RECE	IVED
Schuylon Holdi	is Company Ire		WATE RECE	1725
CHECK IF CHANGED SINCE LAST REPORT OR IF LABEL IS INCORRECT:	• • /			
ADDRESS EMPLOYER NUMBER CITY OR TOWN, STATE AND ZIP CODE				
MAKE CORRECTION ON LABEL: Utica NY	13502			
PRINCIPAL BUSINESS ACTIVITY TELEPHONE NUMBER	BUSINESS GROUP CODE NUMBER			
Holding Company 733-461	(PER FEDERAL RETURN)	•		
STATE OR COUNTRY OF INCORPORATION DATE.	DATE BEGAN BUSINESS IN NEW YORK	K STATE	٠	
NEW York 1-26- 19	19	,		
FEDERAL RETURN WAS FILED ON:	The state of the s	1		
★ 1120	idated Basis Other			
HAS THE INTERNAL REVENUE SERVICE CORRECTED ANY REPORTED TAXABLE INCOME			TOTAL ASSETS (LI	NE 27 COL. Ы
YES NO If yes, Federal changes must be reported on Form C Federal determination.	CT-3360 within 90 days of the final		\$	
IMPORTANTS TO AVOID REJECTION, ALL LINES MARKED . MUST	BE COMPLETED. USE ZEROS WHE	REAP	PLICABLE.	
			REMITTAN	CE
Remit amount shown at line 21, Schedule A: Make check payable to	New York State	→	\$ 250	00
	Corporation Fax	·-		
SCHEDULE A - COMPUTATION OF TAX AND INCOME				
1. Federal taxable income before net operating loss deduction and	special deductions	1 1	5 0	
2. Interest on Federal, State, Municipal and other obligations not in			<u> </u>	
3. New York State franchise tax deducted on Federal return				
4. Interest to stockholders \$less 10% or \$1000 wh			0	•
5. Taxable income (Total Lines 1, 2, 3 and 4)	-	. 5		•
6. Tax based on income	line 5 × 10%	6	6	
7. Tax based on capital (enter from Schedule C, Line 29)	× .00178 •	7	0	
	A STATE OF THE STA	, ,		
8. Compensation of officers: (enter from Schedule D, Line 32)		. 8	O	•
9. Taxable income (Line 5 above)		. 9	0	
10. Total 8 plus 9		. 10	0	·
11. Less statutory deduction of \$15,000 (see instructions)		. 11		ļ
12. Balance	***************************************	. 12		
13. Alternative Base - 30% of Line 12				<u> </u>
14. Tax based on Alternative Base		14	0	00
15. Minimum Tax	Tax Credits can NOT be claimed on	. 15	\$250	00
16. Tax: Largest of Lines 6, 7, 14 or 15 above	this Form - Use Form CT-3	T ₁	250	00
17. Prepayments - see back		16	ی	•
18. Balance (Line 16 less line 17)	· · · · · · · · · · · · · · · · · · ·	-	N	0 2
19. Interest: Compute on Line 18 (see instructions)		-	0	•
20. Additional Charges: Compute on Line 18			0	•
		. [
21. BALANCE DUE: Total of Lines 18, 19 and 20	PAY——	- 21	250	00 .
22. OVERPAYMENT: Line 17 less line 16	CREDIT to next period	22	0	•
	REFUND	\$	0	•
SCHEDULE B-ADDITIONAL REQUIRED INFORMATION				
	<u> </u>	1 1		
23. Compensation of officers deducted on Federal return	532867	. 23	0	
24. Interest deducted on Federal return		24	Ö	-
25. Depreciable assets and land		. 25	0	•
26. Total Receipts (Total income plus cost of goods sold from Feder	al return)	. 26	0	

SCHEDULE C - COMPUTATION OF CAPITAL	Enter total assets in	columns (a) and (b)	from balance sheet of Federal return
CHEDOLE C - COMI O IN 110% Of CNI 11VE	Enici iolai assels ili	COLORIUS (4) GIRG (D)	monipulance sheet on leagure form

7. Total Assets 3. Current Liabilities (see instructions) 9. Total Capital (Line 27 less line 28) - Enter o	- 1		'U 0	1.\$	100	\$	100
	1			 			700
7. Total Capital (Line 27 less line 28) - Enter o		<u>.</u>					
	at line 7, <u>Sc</u>	hedule A	\ 				100
J. Issued Capital Stock							-
1. Paid in Capital, Surplus and Reserves			00		100		200
DRPORATIONS ORGANIZED OUTSIDE NEW YORK STATE SHOU	LD COMPLETE	THE FOLL	OWING WITH RESPE	ECT TO CAP	ITAL STOCK ISSUE	D AND OUTST	ANDING:
ar Shares, \$; No Pa	r		Shares, \$;	
CHEDULE D - OFFICERS (appointed or elementary of the compensation, and every stockholder owning							
ame and Address - Give actual residence (Attach rider if necessary)	Soc. S	Sec. Number	Of	ficial Title	Com	lary & All Oth pensation Recei rom Corporation
							•
						\$	
<u> </u>				1 .			
2. Total (including any amount on rider.) - En				.E A			
				E A	DEPOSIT S	ERIAL NU	IMBER
COMPOSITION OF PREPAYMENTS CL	AIMED AT	LINE 1	17, SCHEDUL	E A	DEPOSIT S	ERIAL NU	IMBER
	AIMED AT	LINE 1	17, SCHEDUL	E A	DEPOSIT S	ERIAL NU	IMBER
COMPOSITION OF PREPAYMENTS CL. A. Mandatory First Installment	AIMED AT	LINE 1	17, SCHEDUL	E A	DEPOSIT S	ERIAL NU	IMBER
COMPOSITION OF PREPAYMENTS CL. A. Mandatory First Installment	AIMED AT	LINE 1	17, SCHEDUL	E A	DEPOSIT S	ERIAL NU	IMBER
COMPOSITION OF PREPAYMENTS CL. A. Mandatory First Installment	(1) (2) (3)	LINE 1	17, SCHEDUL	E A	DEPOSIT S	ERIAL NU	IMBER
A. Mandatory First Installment	(1) (2) (3)	LINE 1	17, SCHEDUL	E A	DEPOSIT S	ERIAL NU	IMBER
COMPOSITION OF PREPAYMENTS CL. A. Mandatory First Installment B. CT-400 Installments C. Payment with Extension - CT-5 D. Credit from Prior Years	(1) (2) (3)	LINE 1	17, SCHEDUL	E A	DEPOSIT S	ERIAL NU	IMBER
A. Mandatory First Installment	(1) (2) (3)	LINE 1	17, SCHEDUL	E A	DEPOSIT S	ERIAL NU	IMBER

Mail this report to:

Processing Unit P. O. Box 1909

Albany, New York 12201

De	rm 1120 partment of the Treasury ernal Revenue Service	U.S. Corporation Inc For calendar year 1979 or other	taxable year beginning		1 1	979
Ch A	eck if a— Consolidated return Personal Holding Co.	Use IRS LS 16-1122399 DEC		M **	Employer identification (see instruction) Date incorporates	W)
c	Business Code No. (See Page 8 of instructions)	Otherwise please UTICA	NY .13	502	1-26-79	
		print or type.			\$ 100.00	s (see instruction)
		ots or sales \$ (b) Less returns and allow		-		ie
		goods sold (Schedule A) and/or operations (at	tach schedule)	-	3	
ä	4 Dividends (So	hedule C)			4	
Income	5 Interest on o	oligations of the United States and U.S. instrument.	entalities	-	6	
	7 Gross rents				7	
Gross	8 Gross royalti				8	
O		ain net income (attach separate Schedule D) .			(a)	
		or (loss) from Form 4797, line 11, Part II (attach (see instructions—attach schedule)	•		10	
		income—Add lines 3 through 10			11 Nor	ıe
		of officers (Schedule E)		• • • •	12 Nor	ıe
		1 wages 13(b) Less WIN and jobs cr		- 1	3(c)	
		nstructions)		· · · ·	14 15	
	16 Rents	neddie Fil Teserve method is used)		• • • -	16	
	17 Taxes				17	
	18 Interest	• • • • • • • • • • • • • • • • • • • •		• • • • 1—	18	
		(not over 5% of line 30 adjusted per instruction		, <u> </u>	19	
Deductions		(attach schedule)		· · · · -	20	
ıcti	1	nedule A and elsewhere on return			21	
edi	22 Depletion .				22	
0	23 Advertising.	• • • • • • • • • • • • • • • • • • • •			23	
		t-sharing, etc. plans (see instructions) (enter nur	nber of plans ►	······ <i>)</i> • • —	24	
	· .	efit programs (see instructions)	• • • • • •		26	
		deductions—Add lines 12 through 26	• • • • • • •		27 Non	ie
		before net operating loss deduction and special deduction		line 11)	28	
	1	operating loss deduction (see instructions—attach scheduction (schedule I)			29	
		ne (subtract line 29 from line 28)			30 Non	ie
	31 TOTAL	TAX (Schedule J)	• • • • , • , • •		Non	e
	•	verpayment from 1978 allowed as a credit				
		of 1979 estimated tax applied for on Form 4466 .	·			
		ed: Form 7004 Form 7005 (attach)	Total >			
Tax	(e) Credit from	regulated investment companies (attach Form 2439) .				
		on special fuels and oils (attach Form 4136 or 4136-T)			32	
		stract line 32 from line 31). See instruction G for	_	. 1777	Non	ie ////////////////////////////////////
		f Form 2220 is attached. See page 3 of instruction of the structure of the second section of the section of the second section of the section of the second section of the	ons.) > \$		34 Non	
_	35 Enter amount of	line 34 you want: Credited to 1980 estimated tax		Refunded >	35 Non	ie
Here	Under penalties of perju correct, and complete. I	y. I declare that I have examined his return, including accompa- estigation of preparer (other than taxpayer) is based on all inform				d belief, it is true.
Sign	Signature of office		-/5-+ 0 Date	Treasur	er	
ase Si	Preparer's signature and date	>	Date	Check if self-employed	Preparer's so	cial security no

E.I. No. ▶
ZIP code ▶

Firm's name (or yours, if self-employed) and address

Form	1120 (1979)	Schedule A. Co	ost of God	ds Sold (See Instr	uctions fo	r Schedule A)	Page 2
1 1	nventory at beginning of year							_
	Merchandise bought for manu							
	alaries and wages							
	ther costs (attach schedule)							
5 T	otal							
	ess: Inventory at end of year							
7 C	ost of goods sold—Enter here a) Check all methods used for val	e and on line 2, page	1		ower of cost	or market as	described in Regulation	ons section 1.471–4 (see
	instructions) (iii) [Writedo	wn of "subnormal" good:	s as describe	ed in Regulati	ions section	1.471-2(c) (s	ee instructions)	
(b) Did you use any other met							. 🗆 Yes 🗀 No
	If "Yes," specify method u							
(6	c) Check if this is the first year							
	d) If the LIFO inventory meth							
	ventory computed under LI						• • • • • •	
(6	e) is the corporation engage	d in manufacturing	activities?					☐ Yes ☐ No
	If "Yes," are inventories va	lued under Regulation	ons section	1.471–11	(full abso	rption acco	unting method)?.	Yes No
(1) Was there any substantial chang	ge in determining quantit	ies, cost, or	valuations be	tween openi	ng and closin	g inventory?	Yes No
	If "Yes," attach explanatio	n.	····					
Sc	nedule C Dividends (S	ee instruction 4))					
1 D	omestic corporations subject	to 85% deduction		• • •				
2 C	ertain preferred stock of pub	lic utilities						
3 F	oreign corporations subject t	o 85% deduction.						
4 D	ividends from wholly-owned t	oreign subsidiaries s	subject to	100% dec	duction (se	ection 245(b))	
5 0	ther dividends from foreign o	corporations						
6 jn	cludible income from control	led foreign corporation	ons under	subpart F	(attach Fo	orms 3646)		
7 F	oreign dividend gross-up (sec	tion 78)						
8 Q	ualifying dividends received f	rom affiliated groups	and subje	ect to the I	100% ded	uction (sec	tion 243(a)(3)).	
9 Ta	exable dividends from a DISC	or former DISC not in	ncluded in	line 1 (sect	tion 246(d))		
10 O	ther dividends							
10 Of	otal-Enter here and on line	4, page 1		• • • •				
10 Of		4, page 1		tion 12)	• • • •	• • • •		
10 Of	otal-Enter here and on line	4, page 1	e instruc	ction 12)	Percent of		6. Amount of	7. Expense account
10 Of	tal—Enter here and on line hedule E Compensation	n of Officers (Sec	e instruc	ction 12)	Percent of	corporation	· · · · · · ·	
10 Of	tal—Enter here and on line hedule E Compensation	n of Officers (Sec	e instruc	ction 12)	Percent of	corporation	6. Amount of	7. Expense account
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10 Of 11 To SG	None Total compensation of officer None Total compensation of officer None Total compensation of officer 2. Trade notes and accounts receivable outstanding at end of year medule: Special Deduce 85% of Schedule C, line 1.59.13% of Schedule C, line 1.	2. Social security 2. Social security ers—Enter here and Reserve Method 3. Sales on account	e instruction of the control of the	3. Time devoted to business 2, page 1 truction Amount adderent year's ovision	Percent of stock 4. Common 15) ad to reserve 5. R	corporation owned 5. Preferred	6. Amount of compensation 6. Amount charged	7. Expense account allowances 7. Expense account allowances
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10 Of 11 To 11 To 12 SG 1. Year 1974 1975 1976 1977 1978 1979 SG (d) (c) (d) 2 Total	None Total compensation of officer None Total compensation of officer None Z. Trade notes and accounts receivable outstanding at end of year celvable of Schedule C, line 1.59.13% of Schedule C, line 3.100% of Schedule C, line 4.al—See instructions for limits.	ers—Enter here and Reserve Method 3. Sales on account tions (See instruct	e instruction of the control of the	3. Time devoted to business 2, page 1 truction Amount adderent year's ovision	Percent of stock 4. Common 15) ad to reserve 5. R	corporation owned 5. Preferred	6. Amount of compensation 6. Amount charged	7. Expense account allowances 7. Expense account allowances
10 Of 11 To 11 To 12 SG 1. Year 1974 1975 1976 1977 1978 1979 (b) (c) (d) 2 Tota 3 100	Total compensation 1. Name of officer 1. Name of officer None Total compensation of officer Total compensation of officer 2. Trade notes and accounts receivable outstanding at end of year elivable outstanding at end of year Special Deduc 85% of Schedule C, line 1 . 59.13% of Schedule C, line 3 . 100% of Schedule C, line 4 . al—See instructions for limits % of Schedule C, line 8 .	2. Social security 2. Social security ers—Enter here and Reserve Method 3. Sales on account tions (See instruct	e instructions for S	2, page 1 truction Amount adderent year's ovision	Percent of stock 4. Common 15) ed to reserve 5. R	corporation owned 5. Preferred ecoveries	6. Amount of compensation 6. Amount charged	7. Expense account allowances 7. Expense account allowances
10 Of 11 To 11 To 12 SG 1. Year 1974 1975 1976 1977 1978 1979 SG (d) (2 Tota 3 100 4 Ded	None Total compensation of officer None Total compensation of officer None Z. Trade notes and accounts receivable outstanding at end of year celvable of Schedule C, line 1.59.13% of Schedule C, line 3.100% of Schedule C, line 4.al—See instructions for limits.	2. Social security 2. Social security ers—Enter here and Reserve Method 3. Sales on account tions (See instruct 2	e instructions for state of public ck of public ck.	2, page 1 truction Amount adderent year's owision Schedule I	Percent of stock 4. Common 15) ed to reserve 5. R	corporation owned 5. Preferred ecoveries	6. Amount of compensation 6. Amount charged	7. Expense account allowances 7. Expense account allowances

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3 1	ncome tax (see i	from Schedule D >	a h e e e					
81	s less). Check ii	redit (attach Form 111	01					
4 (a) Foreign tax c	redit (attach Form 111	o)	• •				
(b) investment o	redit (attach Form 34	68)	• •			,	
((c) Work incentive	ve (WIN) credit (attach	Form 48/4) .	• •				
		Hash Form 5884)					•	
	Take I I not 1/2	ν (h), (c), and (d) • • •						

		. /	Shadula DU (FARR	n 117	m			
			aradit / 2112CD	FARM	4/771			
		' ' \	adit (attach com)	nurati	M11			
							None	
10	Total tax—Add li	tax preference items (sines 6 through 10. Enter	here and on line 3	1, pag	<u>ge 1 </u>			
		coord of Federal Tax	Deposit Forms	503		Date of deposit	Amount	
&S	chedule K	List deposits in order of date	made—See instruction	on G)				
<u>.</u>		1 Amount	Date of deposit	:]	Amount			
1	Date of deposit							
ن			*************					
			lv.	n i Na i			. Y	res No
G () Did you claim a d	deduction for expenses conne	cted with:	NO V				X
	(a) Entertainmen	t facility (boat, resort, ranch	, etc.)?	X	1 Did you ever declare	e a stock dividend?		
	(b) Living accom	modations (except employees	on business)? .	X		loss) from Form 1120, lin	ne 28, page 1, for	
	(c) Employees at	tending conventions or meet	ings outside the		your taxable year beg	inning in:		
	ILS, or its DO	ssessions?		X	1976 <u>()</u>	., 1977 <u> </u>	978	
	(d) Employee's fa	amilies at conventions or me	etings?	X	K If you were a member	er of a controlled group s	ubject to the provi-	
	(f) Employees a	my of these conventions or	meetings outside		sions of section 156	1, check the type of relat	ionship:	
	II TES, Wele a	s or its possessions?		"	(1) parent-subs	idiary (2) 🔲 bro	ther-sister	
	the United State	5 Of its possessions.	on Form W-2?	_	(3) 🖂 combination	of (1) and (2) (See sec	tion 1563.)	
	(e) Employee or	family vacations not reported	or entertainment.			instructions and state the		
(2) Enter total amou	ant claimed on Form 1120 fo	propries of the					
	entertainment fa	cilities, gifts, travel, and co	t under section					
	type for which	substantiation is require	under Section		Product or service .		nd 10007	7
	274(d). (See ins	struction Y.) None	directly or indi-		I M Wara wan a 11°C ch	ired Forms 1087, 1096 and areholder of any controll	ied toteiku colnola. K	
H	months 500% or i	end of the taxable year own more of the voting stock of	a nouncatio corbo by		tion? (See sections s	351 and 95/.) It "Yes," a	ttach Form 3646 for	
	ration? (For rule	s of attribution, see section	28/(c).) <u> </u>	X	each such corporation	າກ		
	If "Yes," attach	a schedule showing: (a) na	me, address, and		O At any time during	the tax year, did you have	e an interest in or a	
	: da-stifuiem num	nber; (b) percentage owl (e.g., if a Form 1120: from	IRD: (C) Cavanie IN		signature or other fin	authority over a bank ac ancial account in a forei	gn country (see in-	
	20 mage 1\ of	each cornoration for the tax	Capie Acai curing 18		etruction V\?			
	with as within W	our taxable year: (d) filenes	[amount owen by 18		P Were you the grant	or of, or transferor to, a current tax year, whether	or not you have any	
	you to such co	orporation during the year; you by such corporation du	ring the year.		existed during the d	it?		2000
	amount owed to	ial, partnership, corporation,	estate or trust at			ave to file Forms 3520, 35		
'	Abo and of the	tovonia vest own. Bilectiv D	i munecut. Joyo 19			year, did you pay dividen		
	or more of Voll	ir voting stock! (FOT TUIES C	of attribution, see I.	WAX		ibutions in exchange for		
	section 267(c).) If "Yes," complete (a) till	ougn (e)					
		chedule showing name, addi				accumulated earnings and		
		; (b) Enter percentage owne)		
	(c) Was the ow	mer of such voting stock a	person other than			5452. If this is a consoli		
	a U.S. perso	on? (See instruction S.)		_	here for parent cor	poration and on Form 85	1, Affiliations Sched-	
	•	owner's country	17		ule, for each subsid			
		•	Ł			er was any part of your ta	x accounting records	
	644 P.2- 11-1-	est amount owed by you to	such owner during			omputerized system? .		
			12			to claim amortization (u		
					5 (1) Did you elect	to claim amortization (ui inder section 167(o)) for	a rehabilitated certi-	
		est amount owed to you by			depreciation (U	ructure (see instructions t	or line 201?	
						sis (see instructions for li		
	(Note: For purpose	s of H(1) and H(2), "high	est amount owed"		Ed BIDESITIOMA (2)	212 /266 HISTINGTIONS 101 III	16 LUJ.	
	includes loans and	accounts receivable/payable.)		ØI			VIII

Schedule Balance Sheets	Beginning o	f taxable year	End of tax	able year
Schedule Balance Sheets	(A) Amount	(B) Total	(C) Amount	(D) Total
ASSETS	//////////////////////////////////////	100.00		100.00
1 Cash				
2 Trade notes and accounts receivable				
(a) Less allowance for bad debts				
3 Inventories				
4 Gov't obligations: (a) U.S. and instrumentalities .				
(b) State, subdivisions thereof, etc				
5 Other current assets (attach schedule)				
6 Loans to stockholders				
7 Mortgage and real estate loans				
8 Other investments (attach schedule) 9 Buildings and other fixed depreciable assets	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

(a) Less accumulated depreciation				
10 Depletable assets				
11 Land (net of any amortization)				
12 Intangible assets (amortizable only).				
(a) Less accumulated amortization				***************************************
13 Other assets (attach schedule)				
14 Total assets		100.00		100.00
LIABILITIES AND STOCKHOLDERS' EQUITY				
15 Accounts payable				
16 Miges., notes, bonds payable in less than 1 yr.				
17 Other current liabilities (attach schedule)			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
18 Loans from stockholders			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
19 Mtges., notes, bonds payable in 1 yr. or more			\ <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
20 Other liabilities (attach schedule)				
21 Capital stock: (a) Preferred stock				100.00
(b) Common stock	100.00	100.00		100.00
22 Paid-in or capital surplus			-	
23 Retained earnings—Appropriated (attach sch.)			-\/////////////////////////////////////	
24 Retained earnings—Unappropriated			-\	
25 Less cost of treasury stock		100.00	-\/////////////////////////////////////	100.00
26 Total liabilities and stockholders' equity Schedule Man Reconciliation of Incom	a Par Rooks With		rn	200.00
	1 0	1	on books this year not in-	1
1 Net income per books		cluded in this retu	•	
2 Federal income tax		- 1 .	nterest \$	
4 Income subject to tax not recorded on books this year		1	T	·
(itemize)				
(Hellize)				
		8 Deductions in this	s tax return not charged	
5 Expenses recorded on books this year not deducted in	1	against book incom	ne this year (itemize)	
this return (itemize)		(a) Depreciation	\$	
(a) Depreciation \$	*, *	(b) Depletion.	\$	
(b) Depletion \$				
			lines 7 and 8	
6 Total of lines 1 through 5	1 0	1 10 Income (line 28,	page 1)—line 6 less 9 .	1 0
Schedule M-2 Analysis of Unappropri	ateu Ketaineu Eai			1
1 Balance at beginning of year		7	Cash	li e
2 Net income per books		-1	Stock	
3 Other increases (itemize)	1	, , , , , , , , , , , , , , , , , , ,	Property	
			emize)	
			nes 5 and 6	
4 Total of lines 1, 2, and 3	0		ear (line 4 less 7)	

NYS DEPARTMENT OF STATE INCORPORATION (BUSINESS) FILING RECEIPT ORPORATION NAME SCHUYLER HOLDING COMPANY. INC. **CASH NUMBER** FILMNUMBER **DURATION & COUNTY CODE** ATE FILED **4547914-4** 32 3814 ONEI 01/26/79 LOCATION OF PRINCIPAL OFFICE NUMBER AND KIND OF SHARES UTICA 2001PV DMMENTS: D -ADDRESS FOR PROCESS THE CORP 1506 WHITESBORD ST UTICA NY 13502 ES AND/OR TAX PAID AS FOLLOWS: AMOUNT OF CASH \$ OUNT OF CHECK\$ 00060.00 AMOUNT OF MONEY ORDER \$ _ 050.00FILING

LER NAME AND ADDRESS

6.00 DOLLAR FEE TO COUNTY

KERNAN & KERNAN PC 135 GENESEE ST

LITICA

030-518 (1/78)

13501 NY

TOTAL PAYMENT \$ 0000060.00

CERTIFIED COPY

CERTIFICATE

REFUND OF\$

00010.00TAX

TO FOLLOW

SASIL A PATERSON - SECRETARY OF STATE

RECEIVED Liches A. Gaetano Construction C FEB 21979



STATE OF NEW YORK DEPARTMENT OF LABOR

STATE OFFICE BUILDING CAMPUS ALBANY, NEW YORK 12240

January 2, 1980

UNEMPLOYMENT INSURANCE DIVISION

Schuyler Holding Co Inc. 1506 Whitesboro St Utica NY 13502

In reply to: LD-R 123179

Information received in this office shows that you are not liable for contributions to the New York State Unemployment Insurance Fund.

You will become liable if either of the following occurs:

- 1. You pay remuneration of \$300.00 or more during a calendar quarter, or
- 2. You purchase the business of an employer liable for contributions.

If your business entity is a corporation, any compensation paid or accrued to a corporate owner is remuneration and must be considered in determining liability.

Under the Law, you are required to notify this Department as soon as you become liable. Failure to do so may adversely affect your tax rate and will subject you to the payment of interest on any late taxes. Additionally, you may lose all or a portion of any credit to which you may be entitled against your Federal unemployment tax.

Very truly yours,

Harold Kasper

HAROLD KASPER, Director Unemployment Insurance Division

mr

IA 100 (12-78)

NEW YORK STATE DEPARTMENT OF LABOR

UNEMPLOYMENT INSURANCE DIVISION STATE OFFICE BUILDING CAMPUS ALBANY, N.Y. 12240

REPORT TO DETERMINE LIABILITY UNDER THE NEW YORK STATE UNEMPLOYMENT INSURANCE LAW

	FOR	DEPARTMENT.	AL USE ONL	.Y
1	INDUSTRY	LOCATION	EMPLOYE	RHUMBER
		•		
-	SUBJ. DATE	AV. NO. EMPS.	PREVIOU	SOWNER
1		,		
	EXAMINED BY	FEDERAL IDE	NTIFICATIO	NUMBER
		-		
	IA 196 NO LETT	_	CODED BY	NO. OF IA B'S
_				

PLEASE READ INSTRUCTIONS BEFORE FILLING OUT FORM

	TYPE OR PRINT IN INK	NTE - RETAIN ONE (- ANSWER <u>ALL</u> QUE	COPY STIONS	•
e space provided under any item is n	ot sufficient for a complete answer, at			e at the top of each st
Federal Employer Identification Number	16-11/2/2	3 9 9 2. Telep	hone 3 / 5 73	3 4611
Name of employer Sch	uylen Holding	Conpany	Jw.	
Other name under which busin	ness is conducted	***************************************	***************************************	·
Business address 1506	Whitesboro St	Utica	NY STATE	1392
Address to which corresponde	nce and reporting forms should	be mailed if different	from above:	LIP CODE
NO. AND STREE	n New York State 4-7	CITY	STATE	ZIP CODE
b. Type of Organization: Che	ck (🗸) one: 🗌 Individual 📗	Partnership R C	orporation 🔲 Other (specify below)
	performed work for you whose (•	d year QUARTER <u>not</u> consider as remuner	YEAR
If "Yes," furnish the follo				
	med			
	ation not considered as remune			,
☐ YES NO If "Yes," the following inform a. Check (✓) one: ☐ ALL	of the business of another emp mation must be given: . was acquired IT was acquired	loyer liable for unemp	loyment insurance contr	ibutions?
b. Date of acquisition	*************************************			119,19,2,2,0,0
c. Business name of previous	owner	***************************************	f (17)(p) Tunn	532868
Business address	······	,		
Unemployment insurance re	gistration number of previous o	wner	••••••	***************************************
				(OVER)

_		•	
a. Give name and addres	ss of person having custody (or k	knowledge) of your payroll records	:
b. Give the information	requested below for the owner; t	the partners; or the officers, if a c	orporation:
<u>NAME</u>	SOCIAL SECURITY ACCOUNT NUMBER	RESIDENCE	TITLE
C.A. GARTAM	086-14-0975	1928 Redfield	Ution my Pa
5 Boyce	090-36-4304	RD+2 BANGUE	dd NY 13304 P.
W Palmon	1/3-30-0824	RDOZ BANGU	Whates he 13492 Lee
		ation, Community Chest, Fund or	•
•		, literary or educational purposes	
		wer ''a-e''below. Use separate sl	
•	•	wer a-e below. Use separate st	leer for each establishment.
a. Location	NO. AND STREET	CITY OR TOWN	COUNTY
b. Approximately how mo	any persons do you employ there	Nore	
c. Principal activity at a	above location Check (🗸):		
☐ Manufacturing	·. C] Wholesale Trade	☐ Service
☐ Contract Cons		Retail Trade	☐ Repairing
Administrative	·	······································	
Other			
d. If you are engaged in	manfucturing in this establishme	ent, complete the following:	
PRINCIPAL OR ACT	PRODUCTS IVITIES	PERCENT OF TOTAL SALES VALUE	PRINCIPAL RAW MATERIALS USED
			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
e. If principal activity is	s not manufacturing, indicate pro	oducts sold or services rendered.	/
e. If principal activity is	s not manufacturing, indicate pro	ducts sold or services rendered.	ANY Sut No
e. If principal activity is NAS JEF Susjeess h	s not manufacturing, indicate pro up to be so been tran	A holding Compa	any but no ration is durn
Was Jet business h	as been trans	A holding compo	
Was Jet business h	as been trans	A holding Compo	

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IA 100,1B (2-79)



STATE OF NEW YORK DEPARTMENT OF LABOR

STATE OFFICE BUILDING CAMPUS
ALBANY, NEW YORK 12240

UNEMPLOYMENT INSURANCE DIVISION

Trans. No.: LDR 083121

SCHUYLER HOLDING CO INC 1506 WHITESBORD ST UTICA NY 13502 DEC 0 5 1979

In reply please refer to transmittal number above address box.

FINAL NOTICE

We have not heard from you in reply to our recent letter requesting that you submit a "Report to Determine Liability under the New York State Unemployment Insurance Law."

We must inform you that unless the report, properly filled out, is received within ten (10) days from the date of this letter, it will be necessary to take such action as is provided by law or regulation to compel compliance.

If you are registered with this Division and have previously filed the Report, please indicate the name, address and registration number under which you are so registered.

Very truly yours,

Harold Kasper

HAROLD KASPER, Director Unemployment Insurance Division

Mn: /Ed

NEW YORK STATE DEPARTMENT OF LABOR

UNEMPLOYMENT INSURANCE DIVISION

STATE OFFICE BUILDING CAMPUS ALBANY, N.Y. 12240

INSTRUCTIONS FOR COMPLETING FORM IA 100, REPORT TO DETERMINE LIABILITY UNDER THE NEW YORK STATE UNEMPLOYMENT INSURANCE LAW

USE FORM IA 100D FOR PERSONAL OR DOMESTIC EMPLOYMENT

PREPARE IN DUPLICATE - RETAIN ONE COPY

ITEMS 1 and 2 - FEDERAL EMPLOYER IDENTIFICATION NUMBER AND TELEPHONE NUMBER

Enter in item 1 the nine digit Federal employer identification number which appears on your Social Security and Withholding Tax forms. The use of this number in certifying your payments to the Internal Revenue Service under the Federal Unemployment Tax Act will give positive identification of such payments. Enter in item 2 your complete telephone number.

ITEMS 3 and 4 - NAME OF EMPLOYER AND OTHER NAME UNDER WHICH BUSINESS IS CONDUCTED

Enter in item 3 the actual name of the employer and in item 4 the trade name, firm name, registered name, etc., if any, used for business purposes. For example, John N. Businessman operates a retail store under the name of Busy Bootery. John N. Businessman should be entered as item 3 and Busy Bootery as item 4. If the employer is a partnership, the full names of all partners should be entered as item 3. If the employer is a corporation, the corporate name shown in its Certificate of Incorporation or other official document should be entered in item 3. In case of an estate of a decedent, insolvent, incompetent, etc., the name of the estate should be shown in item 3 and the name of the administrator or other fiduciary in item 4.

ITEM 5 - BUSINESS ADDRESS

Enter in item 5 the actual address of your business. DO NOT GIVE POST OFFICE BOX.

ITEM 8a - REMUNERATION PAID

Consider as remuneration every form of compensation such as:

- (1) Salary.
- (2) Cash Wages.
- (3) Commissions.
- (4) Bonuses.
- (5) Payments to corporate officers irrespective of their stock ownership.
- (6) Reasonable money value of board, rent, housing, lodging or any similar advantage received.
- (7) The value of tips or other gratuities received from persons other than the employer.

Do NOT consider as remuneration

- (a) Compensation paid to daytime <u>elementary</u> or <u>secondary</u> school students working after school or during vacation periods.
- (b) Compensation paid to the spouse or to a child (under 21 years of age) of an individual owner.
- (c) Compensation paid to employees who perform no services in New York State.
- (d) Compensation paid to employees whose services are considered to be in agricultural labor.

ITEM 8b - COMPENSATION NOT CONSIDERED REMUNERATION

Answer "NO" if the only compensation you did not consider remuneration in answering 8a consisted of (a) thru (d) above.

ITEM 9 - ACQUISITION OF BUSINESS OF ANOTHER EMPLOYER

Answer "YES" to Question 9 only if one or more of the following are true:

- (1) You employed substantially the same employees as the previous owner.
- (2) You continued or resumed the business of the previous owner at the same or another location.
- (3) You assumed his obligations.
- (4) You acquired his goodwill.

Section 561, Subdivision 1, of the Unemployment Insurance Law permits an employer who is not liable for contributions to cover his employees on a voluntary basis. Liability begins the first day of the calendar quarter in which an approved application is filed and continues at least until the end of the following year.

Partial coverage is not permitted. The election must include all employees except persons in certain types of employment excluded by law whose services cannot be covered by voluntary election such as:

(a) Day students in an elementary or secondary school.

(b) The husband, wife or children (under 21 years of age) of an individual proprietor.

(c) Golf caddies.

(d) Independent contractors.

ITEM 13c - 13e - PRINCIPAL ACTIVITY

Describe (1) principal activity or (2) product which produces greatest gross sales value. Examples:

MANUFACTURING

- State type of establishment, e.g., sawmill, vegetable cannery, printing and publishing. Show principal products, percent of total sales value, and principal raw materials used. Specify principal products, e.g., upholstered household furniture; ladies' sweaters hand knit from yarn.

CONTRACT CONSTRUCTION - Specify general or special trade contractor, and show usual type of work, e.g., general contractor on residential building, streets and highways, plumbing subcontractor.

TRADE

- State principal product distributed. Indicate whether sold mainly at wholesale (for resale) or at retail (directly to consumer).

SERVICE

- State type of service rendered, e.g., owner-operator of apartment house or office building, management of real estate (specify type), operation of hotel, motel, barber shop, laundry, photo studio, advertising agency, rental of coin-operated vending machines.

REPAIRING

- State type of repair activity, e.g., automotive, tire, electrical, watch or jewelry, upholstery, welding, dental.

ADMINISTRATIVE

- Clerical and executive administration of operations. This could include administration over activities conducted outside of New York State. Specify principal activity administered, e.g., manufacturing (indicate product and raw materials used), trade (specify product sold), other (describe in detail).

OTHER ACTIVITIES

- Indicate type of activity not covered by above paragraphs, e.g., agriculture, forestry, fisheries, mining, finance, insurance, investments, motion picture or television production, amusement or recreational.



STATE OF NEW YORK DEPARTMENT OF LABOR

STATE OFFICE BUILDING CAMPUS ALBANY, NEW YORK 12240

UNEMPLOYMENT INSURANCE DIVISION

	Irans. No.:	LDR	083121
	SCHUYLER HOLDING CO 1506 WHITESBORO ST		
٠.	UTICA NY 13502		

SEP 2 1 1979

In reply please refer to transmittal number above address box.

	Information	received	from	the	source	noted	indicates	that you	are	an	employer
operatin	g in New Y	ork State		: · .					/		Eu
									<i>'</i>		

Social Security Registration

Social Security Report

Correspondence

Department of State

The enclosed "Report to Determine Liability under the New York State Unemployment Insurance Law" <u>must be completed by you whether or not you believe you are liable</u> for contributions to the Unemployment Insurance Fund.

If you are already registered with this Division, please attach to the completed form a statement indicating the name, address and registration number under which you are registered.

All questions on this form must be answered. Please return the completed report, properly signed, to this office promptly.

We will let you know our determination as to your liability. If it is determined that you are an employer liable for contributions, a registration number will be assigned to you, which you will use on all reports and correspondence with this Division.

Very truly yours,

Harold Kasper

HAROLD KASPER, Director Unemployment Insurance Division

RECEIVED

Gretan Construction

Sep 24 1919

[18] 94 Malline 1 12 13 14 15

083121

NEW YORK STATE DEPARTMENT OF LABOR

IA 100 (12-78)

UNEMPLOYMENT INSURANCE DIVISION STATE OFFICE BUILDING CAMPUS ALBANY, N.Y. 12240

REPORT TO DETERMINE LIABILITY UNDER THE NEW YORK STATE UNEMPLOYMENT INSURANCE LAW

SUBJ. DATE AV. NO. EMPS. PREVIOUS OWNER

EXAMINED BY FEDERAL IDENTIFICATION NUMBER

I 1A 196 | IA 184.1 | CODED BY NO. OF IA 5'S

FOR DEPARTMENTAL USE ONLY

			U NO LETTER	
	TYPE OR PRINT IN	PLICATE - RETAIN INK - ANSWER <u>ALL</u>	ONE COPY , QUESTIONS	
If the space provided under any ite	m is not sufficient for a complete answ	ver, attach extra sheet(s).	Show item number and your fire	n name at the top of each sheet
1. Federal Employer		4 1 1 1	AREA CODE N	JMBER
ldentification Number		2.	Telephone	
3. Name of employer				
4. Other name under which	business is conducted			
5 Rusiness address				
	NO. AND STREET	CITY	STATE	ZIP CODE
6. Address to which corres	pondence and reporting forms s	hould be mailed if dif	fferent from above:	
NO. AND	STREET	CITY	STATE	ZIP CODE
	ess in New York State	5 ,	<u>-</u>	
•	: Check (🗸) one: 🗌 Individua		☐ Corporation ☐ Ot	her (specify below)
pay this amount durin	eration of \$300, or more in TOT g the current quarter? If "Yes," s who performed work for you w	ES NO NO enter first such quar	ter and yearQUARTE	R YEAR
. —	following information:			
(1) Nature of services	s performed			
(2) Explanation of co	mpensation not considered as r	emuneration		•
	r part of the business of anothe			
☐YES ☐ NO		•		
·	information must be given:]ALL was acquired			
	PART was acquired			
b. Date of acquisition		••••••••••		
c. Business name of pre	vious owner			******

	nce registration number of prev	•		
	* ************************************			,

a. Give name and address o	of person having custod	y (or knowledge) of your payroll records	:
b. Give the information requ	uested below for the ow	ner; the partners; or the officers, if a c	orporation:
NAME	SOCIAL SECURITY ACCOUNT NUMBE		TITLE
•	•	ssociation, Community Chest, Fund or	
For each of your establishm	nents in New York State	, answer ''a–e'' below. Use separate sl	neet for each establishment.
a. Location			
N	IO. AND STREET	CITY OR TOWN	COUNTY
o. Approximately how many	persons do you employ	there?	
c. Principal activity at abov	ve location Check (√ :	
☐ Manufacturing		☐ Wholesale Trade	☐ Service
☐ Contract Construc	tion	□ Retail Trade	☐ Repairing
☐ Administrative			•••••

☐ Other	.,		·····
d. If you are engaged in ma	nfucturing in this estab	lishment, complete the following:	
PRINCIPAL PRO		PERCENT OF TOTAL SALES VALUE	PRINCIPAL RAW Materials used
			
e. If principal activity is no	ot manufacturing, indica	te products sold or services rendered.	

	······································		
firm that I have read the que	estions and that the ans	wers are true to the best of my knowled	dge and belief.
·			
NATURE OF OFFICER, PARTNE	R OR PROPRIETOR	OFFICIAL POSITION	DATE

NEW YORK STATE DEPARTMENT OF LABOR

IA 100 (12-78)

UNEMPLOYMENT INSURANCE DIVISION STATE OFFICE BUILDING CAMPUS ALBANY, N.Y. 12240

08.3121

	REPORT	TO DE	TERMINE	LIABILIT	Y UNDER	
THE N	NEW YORK	STATE	UNEMPL	OYMENT	INSURANCE	LAW

EMPLOYER NUMBER INDUSTRY | LOCATION SUBJ. DATE AV. NO. EMPS. PREVIOUS OWNER EXAMINED BY FEDERAL IDENTIFICATION NUMBER CODED BY NO. OF IA 5'S ☐ 1A 196 ☐ IA 184.1 No LETTER

FOR DEPARTMENTAL USE ONLY

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1.	Federal Employer Identification Number	•		-	-							2.	Telepho	- 4	ARE	COD	E N	JMBEF			-
3.	Name of employer			•••••			·····	•••••			••••	••••		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	•••••	•••••		••••••	•••••	
4.	Other name under wh	ich business	is c	onduc	cted		••••		•••••		•••••			•••••	•••••	•••••	••••••		•••••	•••••	•••••
5.	Business address	N(D STR	EET		•••••	••••••		 C1T		****		•••••		STA	 TE			ZIP	CODE
6.	Address to which cor	respondence	and	repor	ting f	orms	shou	ıld be	ma i	led	if	dif	ferent f	rom	abov	ve:	_				-
	NO. A	ND STREET		• • • • • • • •		•••••		CIT	Y.		•••	•••••		s	TATE	 E	• • • • • •	*********		ZIP C	 ODE
	a. Date you began bu b. Type of Organizat	ion: Check	(/) o	ne:	□ Inc	lividu							□С₀	pora	tion] Ot	her (s	pecif	y below	•)
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	(1) Nature of servi	.,.	_					4. b. 4. b	•••••									•••••	• • • • • • • • •		
	(2) Explanation of	-																			
	Have you acquired al ☐ YES ☐ NO If "Yes," the follow a. Check (✓) one:	ing informati	on m	usine ust b quire	ss of e give	anoth	ner e														•••••
	b. Date of acquisition	n	• • • • • • • • • • • • • • • • • • • •	•••••		• • • • • • • • • • • • • • • • • • • •	•••••	•••••	••••	•••••			••••••	•••••	•••••			•••••			••••••
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	Unemployment ins	urance regist	tratio	n nur	nber o	of pre	viou	s owne	r	•••••	•••••	••••	••••••		•••••	******	••••••	•••••	•••••	••••••	•••••
																			(OVE	-R)	

		Law, do you wish to elect volunt knowledge) of your payroll record	<u> </u>
		the partners; or the officers, if a	
NAME	SOCIAL SECURITY ACCOUNT NUMBER	RESIDENCE	TITLE
		iation, Community Chest, Fund or c, literary or educational purposes	
•		swer ''a–e'' below. Use separate s	heet for each establishment.
NO	. AND STREET	CITY OR TOWN	COUNTY
		o?	
c. Principal activity at above		□ Wholesale Trade	☐ Service
☐ Contract Construct	ion [□ Retail Trade	Repairing
□ Other			
d. If you are engaged in man	ucturing in this establishm	nent, complete the following:	
PRINCIPAL PROD OR ACTIVITIE	UCTS	PERCENT OF TOTAL SALES VALUE	PRINCIPAL RAW MATERIALS USED
e. If principal activity is not		oducts sold or services rendered.	
affirm that I have read the ques	tions and that the answers	are true to the best of my knowle	dge and belief.
·			
GNATURE OF OFFICER, PARTNER	OR PROPRIETOR	OFFICIAL POSITION	DATE

NEW YORK STATE DEPARTMENT OF LABOR

UNEMPLOYMENT INSURANCE DIVISION

STATE OFFICE BUILDING CAMPUS ALBANY, N.Y. 12240

INSTRUCTIONS FOR COMPLETING FORM IA 100, REPORT TO DETERMINE LIABILITY UNDER THE NEW YORK STATE UNEMPLOYMENT INSURANCE LAW

USE FORM IA 100D FOR PERSONAL OR DOMESTIC EMPLOYMENT

PREPARE IN DUPLICATE - RETAIN ONE COPY

ITEMS 1 and 2 - FEDERAL EMPLOYER IDENTIFICATION NUMBER AND TELEPHONE NUMBER

Enter in item 1 the nine digit Federal employer identification number which appears on your Social Security and Withholding Tax forms. The use of this number in certifying your payments to the Internal Revenue Service under the Federal Unemployment Tax Act will give positive identification of such payments. Enter in item 2 your complete telephone number.

ITEMS 3 and 4 - NAME OF EMPLOYER AND OTHER NAME UNDER WHICH BUSINESS IS CONDUCTED

Enter in item 3 the actual name of the employer and in item 4 the trade name, firm name, registered name, etc., if any, used for business purposes. For example, John N. Businessman operates a retail store under the name of Busy Bootery. John N. Businessman should be entered as item 3 and Busy Bootery as item 4. If the employer is a partnership, the full names of all partners should be entered as item 3. If the employer is a corporation, the corporate name shown in its Certificate of Incorporation or other official document should be entered in item 3. In case of an estate of a decedent, insolvent, incompetent, etc., the name of the estate should be shown in item 3 and the name of the administrator or other fiduciary in item 4.

ITEM 5 - BUSINESS ADDRESS

Enter in item 5 the actual address of your business. DO NOT GIVE POST OFFICE BOX.

ITEM 8a - REMUNERATION PAID

Consider as remuneration every form of compensation such as:

- (1) Salary.
- (2) Cash Wages.
- (3) Commissions.
- (4) Bonuses.
- (5) Payments to corporate officers irrespective of their stock ownership.
- (6) Reasonable money value of board, rent, housing, lodging or any similar advantage received.
- (7) The value of tips or other gratuities received from persons other than the employer.

Do NOT consider as remuneration

- (a) Compensation paid to daytime <u>elementary</u> or <u>secondary</u> school students working after school or during vacation periods.
- (b) Compensation paid to the spouse or to a child (under 21 years of age) of an individual owner.
- (c) Compensation paid to employees who perform no services in New York State.
- (d) Compensation paid to employees whose services are considered to be in agricultural labor.

ITEM 8b - COMPENSATION NOT CONSIDERED REMUNERATION

Answer "NO" if the only compensation you did not consider remuneration in answering 8a consisted of (a) thru (d) above.

ITEM 9 - ACQUISITION OF BUSINESS OF ANOTHER EMPLOYER

Answer "YES" to Question 9 only if one or more of the following are true:

- (1) You employed substantially the same employees as the previous owner.
- (2) You continued or resumed the business of the previous owner at the same or another location.
- (3) You assumed his obligations.
- (4) You acquired his goodwill.

ITEM 10 - VOLUNTARY COVERAGE

Section 561, Subdivision 1, of the Unemployment Insurance Law permits an employer who is not liable for contributions to cover his employees on a voluntary basis. Liability begins the first day of the calendar quarter in which an approved application is filed and continues at least until the end of the following year.

Partial coverage is not permitted. The election must include all employees except persons in certain types of employment excluded by law whose services cannot be covered by voluntary election such as:

(a) Day students in an elementary or secondary school.

(b) The husband, wife or children (under 21 years of age) of an individual proprietor.

(c) Golf caddies.

(d) Independent contractors.

ITEM 13c - 13e - PRINCIPAL ACTIVITY

Describe (1) principal activity or (2) product which produces greatest gross sales value. Examples:

MANUFACTURING

- State type of establishment, e.g., sawmill, vegetable cannery, printing and publishing. Show principal products, percent of total sales value, and principal raw materials used. Specify principal products, e.g., upholstered household furniture; ladies' sweaters hand knit from yarn.

CONTRACT CONSTRUCTION - Specify general or special trade contractor, and show usual type of work, e.g., general contractor on residential building, streets and highways, plumbing subcontractor.

TRADE

- State principal product distributed. Indicate whether sold mainly at wholesale (for resale) or at retail (directly to consumer).

SERVICE

- State type of service rendered, e.g., owner-operator of apartment house or office building, management of real estate (specify type), operation of hotel, motel, barber shop, laundry, photo studio, advertising agency, rental of coin-operated vending machines.

REPAIRING

- State type of repair activity, e.g., automotive, tire, electrical, watch or jewelry, upholstery, welding, dental.

ADMINISTRATIVE

- Clerical and executive administration of operations. This could include administration over activities conducted outside of New York State. Specify principal activity administered, e.g., manufacturing (indicate product and raw materials used), trade (specify product sold), other (describe in detail).

OTHER ACTIVITIES

- Indicate type of activity not covered by above paragraphs, e.g., agriculture, forestry, fisheries, mining, finance, insurance, investments, motion picture or television production, amusement or recreational.

Schoyler Holding Co.

Board of Directors.

Persials at Managing Director M.I. & E.C.I.)

Mobank Int. Board of Directors Managing Director Electro-Mak Div. X Div. V. P. - Gen. Mge. Empires. Boned of Directors Managing Director Exec. V. P. - Sinual Mga. Montation, Admin Marketing

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Financing alternatives.

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nplication 260,000. - M.I.

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Peroley 189, 800 68,-\$ 399,806,— Enpice Ciecits, Inc. 750,000. -100, 000. -Midstate Steel (Soutano) Cosh (Gutare) 10,000. -

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CORPORATE RESOLUTION - DEPOSIT ACCOUNT

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I HEREBY CERTIFY TO BANK OF		EW YORK that at a meeti	ng of the Board of
Directors of Schuyler Hold A CORPORATION organized und	er the laws of t	he State of New Y	ork duly
called (a quorum being pres	ent) and held at	the office of said cor	poration at 1423
Genesee St., U _t ica, N.Y. THE FOLLOWING resolutions w	on the ere duly adopted	and are now in full fo	ry , 1979 rce and effect:
RESOLVED, that the above ba	nk be designated	as a depository of thi	s corporation and that
funds of this corporation d	eposited in said	Bank be subject to wit	hdrawal upon checks,
notes, drafts, bills of exc ment of money when signed o			er orders for the pay- 1 of its follow-
ing officers to wit:			mber
NAME	TITLE	NAME	TITLE
Charles A. Gaetano	Chairman		
Edwin T. Presley	Vice-Chairman		
Spencer J. Boyce	President		
Willard C. Palmer	Secty-Treas.		P
RESOLVED, that the above bar ceive the same for credit of quiry as to the circumstance to the individual order of obligation.	f or in payment i es of issue or tl	from the payee or any o ne disposition of the p	ther holder without in- roceeds even if drawn
RESOLVED, that any check hermay be signed with the facs signatories of this corporato to this corporation's accouported facsimile signature of signature or signatures resolute Bank by the Secretary or	imile signature of tion and the Banl nt regardless of or signatures the emble the facsim	or signatures of any of c shall be entitled to by whom or by what mea ereon may have been aff ile specimens duly cert	the duly designated charge any such check ns the actual or purixed thereto, if such ified to or filed with
RESOLVED, that the foregoing revocation has been deliver			til written notice of
RESOLVED, that the secretary to the above bank, the fore formity with the charter and	going resolutions	and that the provisio	is authorized to certif ns thereof are in con-
I FURTHER CERTIFY that there limiting the power of the bo the same are in conformity w	pard of directors	to pass the foregoing	resolutions and that
IN WITNESS WHEREOF, I have I fixed the corporate seal th	hereunto set my h is <u>19th</u> da	nand as secretary of sa ay of <u>January</u>	id corporation and af- 19_79
(CORPORATE SEAL)			

CORPORATE RESOLUTION - DEPOSIT ACCOUNT

I HEREBY CERTIFY TO BANK OF U		W YORK that at a meet	ing of the Board of
A CORPORATION organized under called (a quorum being presen	the laws of the the the	the office of said co	rporation at 1423
Genesee St., Utica, N.Y. THE FOLLOWING resolutions wer	on the 1 e duly adopted	9th day of <u>Janu</u> and are now in full f	orce and effect:
RESOLVED, that the above bank funds of this corporation dep notes, drafts, bills of exchament of money when signed on ing officers to wit:	osited in said nge, acceptance	Bank be subject to wi s, undertakings or ot corporation by any	thdrawal upon checks, ther orders for the pay-
NAME	TITLE	NAME	TITLE
Charles A. Gaetano	Chairman		
Edwin T. Presley	Vice-Chairman		
Spencer J. Boyce	President	· · · · ·	:
Willard C. Palmer	Secty-Treas.		
quiry as to the circumstances to the individual order of an obligation. RESOLVED, that any check here may be signed with the facsim signatories of this corporati to this corporation's account ported facsimile signature or signature or signatures resem the Bank by the Secretary or RESOLVED, that the foregoing revocation has been delivered	y signing officing authorized to the Bank regardless of signatures the ble the facsimiany Assistant Sepowers and author to the above be	er or tendered in pay be drawn in the nam r signatures of any of shall be entitled to by whom or by what me reon may have been af le specimens duly cere ecretary of this corp ority will continue us ank.	ment of his individual me of this corporation of the duly designated of charge any such check eans the actual or pur- fixed thereto, if such ortified to or filed with coration. mutil written notice of
RESOLVED, that the secretary to the above bank, the forego formity with the charter and	ing resolutions	and that the provisi	
I FURTHER CERTIFY that there limiting the power of the boa the same are in conformity wi	rd of directors	to pass the foregoin	g resolutions and that
IN WITNESS WHEREOF, I have he fixed the corporate seal this	reunto set my ho	and as secretary of s y of <u>January</u>	aid corporation and af- 19 79 .
(CORPORATE SEAL)	,	Willow (Secretary o	f Corporation)

MRS. DONOVAN PIEASE SEE NOTE OU BOTTOM OF PAGE 2,

IN REPLY REFER TO £043 . LTR 7250 670:

NOV 10 1980

SCHUYLER MANAGEMENT CO INC 1506 WHITESBORO ST UTICA, NY 13502

EMPLOYER IDENTIFICATION NUMBER - 16-1145080

DEAR TAXPAYER;

I HAVE SCHEDULED A MEETING WITH YOU TO DISCUSS YOUR FORMS INDICATED AT THE END OF THIS LETTER. THE DATE, TIME, AND PLACE ARE SHOWN

WHEN YOU COME IN, YOU SHOULD BRING THIS LETTER WITH YOU. IF YOU HAVE OTHER INFORMATION OR DOCUMENTS THAT MIGHT HELP RESOLVE THIS MATTER PLEASE BRING THEM ALSO.

IF YOU CANNOT COME IN AT THE TIME INDICATED, PLEASE CONTACT ME AS SOON AS POSSIBLE AT THE TELEPHONE NUMBER GIVEN, SO WE CAN SCHEDULE ANOTHER TIME.

THANK YOU FOR YOUR COOPERATION.

SINCERELY YOURS,

EDWARD REPKO CHIEF, OFFICE BRANCH

TIME - 8:30 AM TO 4:30 PM Wed. only
DATE CONTACT TELEPHONE NUMBER - 315-423-5005

PLACE OF MEETING - 276 Genesee St Utica, New York 13502

FORM NUMBER	TAX PERIOD Ended	TAX		ACCUMULATED INTEREST AND PENALTY	AMOUNT DUE
1120 1120 1120 1120 1120	SEP. 30, 1975 SEP. 30, 1976 SEP. 30, 1977 SEP. 30, 1978 SEP. 30, 1979		0,00 0,00 0,00 0,00 0,00	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00

SCHUYLER MANAGEMENT CO INC 1506 WHITESBORO ST UTICA, NY 13502

PURPOSE OF MEETING - WE HAVE NO RECORD OF RECEIVING YOUR TAX RETURNS FOR THE PERIOD LISTED ABOVE.

Mrs. Donovan Internal Revenue Service 100 S. Clinton Street Syracuse, NY 13260

ID# 16-1145080

Dear Mrs. Donovan:

The Schuyler Management Co., Inc. has not been activated in the years 1975, 1976, 1977, 1978, 1979 and 1980. No Federal Income Tax is due. I would greatly appreciate it if you would arrange the closing out of this corporation.

Thank you,

CHARLES A. GAETANO

President

SS# 086-14-0985

Mr. Charles A. Gaetano being duly sworn deposes and says that he is the President of the Schuyler Management Co., Inc. and that the above statement is true and correct Subscribed and Sworn before me this 19th Day of December 1980.

PAUL FOX

NOTARY PUBLIC

PAUL A. FOX
Notary Public in the State of New York
Appointed in Oneida County
My Commission Expires March 30, 19

ÜTICA

FEUR

Date of This Notice

If you inquire about 08241696 04-03-79 your account, please **Employer Identification Number** refer to this 16#1122399

number or attach a copy of this notice SCHUYLER HOLDING COMPANY INC. 1506 WHITESBORD ST

13502

NY

NOTICE OF NEW EMPLOYER IDENTIFICATION NUMBER ASSIGNED

Thank you for your application for an employer identification number. The number above

has been assigned to you. We will use it to identify your business tax returns and any other related documents, even if you have no employees. Please keep this number in your permanent records. Use the number and your name, exactly as shown above, on all Federal tax forms that require this information, and refer to the num-

ber in all tax payments and in tax-related correspondence or documents. You may wish to make

a record of the number for reference in case this notice is lost or destroyed.

We appreciate your cooperation.

797 - 3111	
Internal Revenue Service	100 S. Clinton Street Syracuse, NY 13260
	Phone (315) 423-5005
•	Date: 12/11/8c
Schulgles manage	ment colore
We have no record of rece	
at the end of this letter.	If you have the return,
please mail to this office	immediately.
Since this is our 5th req	uest, if the return is
not received by 12/21/8	we will have to
consider your failure to fi	le as a definite refusal.
This could result in the	serving of a Summons.
If there is tax due, plea	se mail with return.
FORM	PERIOD
1120	Sep + 30, 19 75
	11 78

Sincerely, Edward Repko JU

Chief, Office Group II

MRS DONOVAN

Ann S.S. Pros-

(Please Print)			
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	 ·····	·	

Place stamp here.
Post Office
will not deliver
mail without
proper postage.

Attention:

Internal Revenue Service Center

100 South Clinton Street Syracuse, New York 13260

1120

09-19-80

Identifying Number 16-1145080 SCHU LK 02.7909 8037 608 16-05 8029 PC SC N EC PLC: 1605 ED 8005 FYM: 12. CB. .00 FORM FR LPS TC LRA

7912 150

SCHUYLER MANAGEMENT CO INC 1506 WHITESBORD ST UTICA, NY 13502

4903 M

If address is not correct, please change

Dear Taxpayer:

We have made several searches of our files and records for your Form US CORPORATION INCOME TAX RETURN

1120 for the period ended

09=30=79, but we have been unable to locate it, or any information about it.

If you filed the form using a different name or identifying number than shown above, please complete Part I of this letter. If you are not required to file for the period in question, please complete Part II. Then return this letter to us, with the appropriate part filled in.

If you are liable for filing the form, but have not yet filed it, please do so within the next 2 weeks. Please attach this letter to the form and include payment for any tax due plus interest as provided by law (see enclosed Notice 394). You may also be liable for the penalties described on the back of this letter unless you had reasonable cause for the delay. If you believe you had reasonable cause for late filing and late payment (other than estimated tax), please explain under "Remarks".

You may disregard this letter if you filed within the last 2 weeks and used the name and identifying number shown above. If we find we need additional information to locate the form, we will contact you again.

Sincerely yours

The enclosed envelope is for your convenience. Thank you for your cooperation.

Enclosures: Notice 394 Envelope		Mred	ctor, Service
Please enter informat	ion exactly as shown on the	PAR ne tax form you filed	
Name and address on	tax form		Employer identification number (business tax returns) Social security number (individual tax returns). If filed jointly, show both numbers.
			Yours Spouse's
Date filed	Tax period on form	Form number	If paid by check, enter endorsement date and number stamped

Please complete the signature area on the back of this letter.

Form 4903 (Rev. 10 - 76)

INTERNAL REVENUE SERVICE 4903 TDI FUNCTION P.O. BOX 6000 ANDOVER. MA 01899

16-1145080 SCHU 02 7909 •00

PART II

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In addition to the	penalties des	scribed above	e, exempt o	rganizatio	ons may be lial	ble for a p	penalty of \$1
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\$10 a day for each da	y the annual r	report of a pr	ivate founda	tion is lat	ite.	,	, , , , , , , , , , , , , , , , , , , ,
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09-19-80

Identifying Number 16-1145080 SCHU LK 02. 7809 8037 608 8029 16-05 PC EC PLC 1605 ED 8005 FYM. 12. -00 FORM FR LPS TC LRA-7912 150

SCHUYLER MANAGEMENT CO INC 1506 WHITESBORD ST UTICA. NY

If address is not correct, please change

Dear Taxpayer:

We have made several searches of our files and records for your Form

1120

US CORPORATION INCOME TAX RETURN

for the period ended

09-30-78, but we have been unable to locate it, or any information about it.

4903. M

If you filed the form using a different name or identifying number than shown above, please complete Part I of this letter. If you are not required to file for the period in question, please complete Part II. Then return this letter to us, with the appropriate part filled in.

If you are liable for filing the form, but have not yet filed it, please do so within the next 2 weeks. Please attach this letter to the form and include payment for any tax due plus interest as provided by law (see enclosed Notice 394). You may also be liable for the penalties described on the back of this letter unless you had reasonable cause for the delay. If you believe you had reasonable cause for late filing and late payment (other than estimated tax), please explain under "Remarks".

You may disregard this letter if you filed within the last 2 weeks and used the name and identifying number shown above. If we find we need additional information to locate the form, we will contact you again.

The enclosed envelope is for your convenience. Thank you for your cooperation.

Enclosures: Notice 394 Envelope -

Sincerely yours,

Please enter information exactly as shown on the tax form you filed. Name and address on tax form

Employer identification number (business tax returns).

Social security number (individual tax returns). If filed jointly, show both numbers.

Yours Spouse's

If paid by check, enter endorsement date and number stamped

Date filed Tax period on form Form number Please complete the signature area on the back of this letter.

Form 4903 (Rev. 10 - 76)

INTERNAL REVENUE SERVICE 4903 TDI FUNCTION P.O. BOX 6000 ANDOVER, MA 01899

SCHU 02 7809

PART II

day for each day the \$10 a day for each day Remarks:	required form	Title (business tax		Telephone (with area code)	Date
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				underpayment without re	gard to the time
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	ı	EXPLANATION OF	PENALTY	CHARGES	
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Other. (Please	explain below	, under "Remarks	".)		
	liable for filin	g this form. (Pleas	e explain be	elow, under "Remarks".)	
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		\		_ `	•
There were no		ter (Date)		**	
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09-19-80

Identifying Number SCHU LK 16-1145080 02 7709 8037 608 16-05 8029 PC SC N EC PLC 1605 ED 8005 FYM: 12 CB .00 FORM FR. LPS TC

7912 150

SCHUYLER MANAGEMENT CO INC. 1506 WHITESBORD ST UTICA. NY

If address is not correct, please change

Dear Taxpayer:

We have made several searches of our files and records for your Form US CORPORATION INCOME TAX RETURN:

1120 for the period ended

09-30-77, but we have been unable to locate it, or any information about it.

If you filed the form using a different name or identifying number than shown above, please complete Part I of this letter. If you are not required to file for the period in question, please complete Part II. Then return this letter to us, with the appropriate part filled in.

If you are liable for filing the form, but have not yet filed it, please do so within the next 2 weeks. Please attach this letter to the form and include payment for any tax due plus interest as provided by law (see enclosed Notice 394). You may also be liable for the penalties described on the back of this letter unless you had reasonable cause for the delay. If you believe you had reasonable cause for late filing and late payment (other than estimated tax), please explain under "Remarks".

You may disregard this letter if you filed within the last 2 weeks and used the name and identifying number shown above. If we find we need additional information to locate the form, we will contact you again.

The enclosed envelope is for your convenience. Thank you for your cooperation.

Form number

Enclosures: Notice 394 Envelope

Date filed

Sincerely yours,

Please enter information exactly as shown on the tax form you filed

Tax period on form

Name and address on tax form

Employer identification number (business tax returns).

Social security number (individual tax returns). If filed jointly, show both numbers.

Yours Spouse's

If paid by check, enter endorsement date and number stamped

Please complete the signature area on the back of this letter.

Form 4903 (Rev. 10 - 76)

INTERNAL REVENUE SERVICE 4903. TDI FUNCTION P.O. BOX 6000 ANDOVER, MA 01899

16-1145080 SCHU 02 7709 .00

PART II

	osed on (Dat	e)					
There were no e	mployees af	ter (Date)		<u> </u>			
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Other. (Please ex	oplain below	, under "Re	marks".)			,	
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1120

09-19-80

Identifying Number 16-1145080 SCHU LK. 02.7609 8037 608 16=05 8029 PC. SC N EC PLC 1605 ED 8005 FYM 12. CB .00 FORM. FR LPS TC LRA

7912 150

SCHUYLER MANAGEMENT CO INC 1506 WHITESBORD ST UTICA. NY 13502

If address is not correct, please change

Dear Taxpayer:

We have made several searches of our files and records for your Form 1120 US CORPORATION INCOME TAX RETURN. for the period ended 09=30=76, but we have been unable to locate it, or any information about it.

If you filed the form using a different name or identifying number than shown above, please complete Part I of this letter. If you are not required to file for the period in question, please complete Part II. Then return this letter to us, with the appropriate part filled in.

If you are liable for filing the form, but have not yet filed it, please do so within the next 2 weeks. Please attach this letter to the form and include payment for any tax due plus interest as provided by law (see enclosed Notice 394). You may also be liable for the penalties described on the back of this letter unless you had reasonable cause for the delay. If you believe you had reasonable cause for late filing and late payment (other than estimated tax), please explain under "Remarks".

You may disregard this letter if you filed within the last 2 weeks and used the name and identifying number shown above. If we find we need additional information to locate the form, we will contact you again.

The enclosed envelope is for your convenience. Thank you for your cooperation.

Sincerely yours. **Enclosures:** Notice 394 Envelope

Please enter information exactly as shown on the tax form you filed Name and address on tax form Employer identification number (business tax returns). Social security number (individual tax returns). If filed jointly, show both numbers. Yours Spouse's Date filed Tax period on form If paid by check, enter endorsement date and number stamped Form number on check.

Please complete the signature area on the back of this letter.

Form 4903 (Rev. 10 - 76)

INTERNAL REVENUE SERVICE 4903 TDI FUNCTION P.O. BOX 6000 ANDOVER, MA 01899

16+1145080 SCHU 02 7609 • 00

PART II

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There wer	e no employees af	ter (Date)	<u> </u>			
l am no lo	nger liable for filin	g this form. (Pleas	se explain b	pelow, under "Re	marks".)	•
Other. (Ple	ease explain below	, under "Remarks	s".)			
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		EXPLANATION O	F PENALTY	CHARGES		
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09-19-80

Identifying Number 16-1145080 SCHU LK 02 7509 8037 608 16-05 8029 PC. SC N EC PLC 1605 ED. 8005 FYM 12 CB FORM: FR LPS TC 1120 7912 150

SCHUYLER MANAGEMENT CO INC 1506 WHITESBORD ST UTICA. NY 1.3502

If address is not correct, please change

Dear Taxpaver:

We have made several searches of our files and records for your Form US CORPORATION INCOME TAX RETURN.

1120 for the period ended

09-30-75, but we have been unable to locate it, or any information about it.

If you filed the form using a different name or identifying number than shown above, please complete Part I of this letter. If you are not required to file for the period in question, please complete Part II. Then return this letter to us, with the appropriate part filled in.

If you are liable for filing the form, but have not yet filed it, please do so within the next 2 weeks. Please attach this letter to the form and include payment for any tax due plus interest as provided by law (see enclosed Notice 394). You may also be liable for the penalties described on the back of this letter unless you had reasonable cause for the delay. If you believe you had reasonable cause for late filing and late payment (other than estimated tax), please explain under "Remarks".

You may disregard this letter if you filed within the last 2 weeks and used the name and identifying number shown above. If we find we need additional information to locate the form, we will contact you again.

The enclosed envelope is for your convenience. Thank you for your cooperation.

Enclosures: Notice 394 Envelope

Sincerely yours,

Please enter information exactly as shown on the tax form you filed.

Name and address on tax form

Employer identification number (business tax returns).

Social security number (individual tax returns). If filed jointly, show both numbers.

Yours Spouse's

Date filed

Tax period on form

Form number

If paid by check, enter endorsement date and number stamped

Please complete the signature area on the back of this letter.

Form 4903 (Rev. 10 - 76)

INTERNAL REVENUE SERVICE 4903 TDI FUNCTION P.O. BOX 6000 ANDOVER, MA 01899

16-1145080 SCHU 02. 7509 .00

PART II

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Internal Revenue Service

100 So. Clinton Street Syracuse, New York 13202



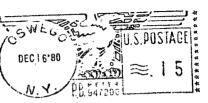


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ALCAN ALUMINUM CORP.
P. O. BOX 28
OSWEGO, NEW YORK 13126





BANK & UTICA

PLEASE NOTIFY US OF ANY CHANGE IN YOUR ADDRESS SCHUYLER MANAGEMENT CO INC %GAETANO CONST CORP 1506 WHITESBORO ST UTICA NY ACCOUNT NUMBER

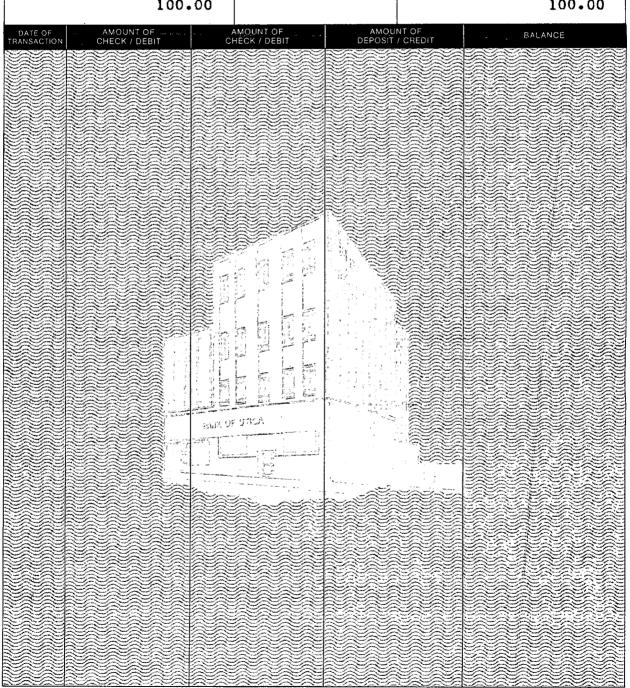
04-7894

PAGE 1 STATEMENT DATE

1/31/80

13502

AVERAGE BALANCE	NO. OF CHECKS	SERVICE CHARGE
100.00		• 00
AVERAGE COLLECTED BALANCE	NO. OF DEPOSITS	PREVIOUS STATEMENT BALANCE
100.00		100.00



LEGEND:

CR = CREDIT REVERSE

DR = DEBIT REVERSE DP = DEPOSIT MC = MISCELLANEOUS CM = CREDIT MEMO DM = DEBIT MEMO RT = RETURN CHECK CC = CERTIFIED CHECK SC = SERVICE CHARGE LP = LIST POST

NO ACTIVITY THIS PERIOD

CHECKS OUTSTANDING

NUMBER	AMOUNT	·
		TO PROVE THE BALANCE AS SHOWN ON YOUR STATEMENT: Sort the checks numerically or by date issued. Check off on the stubs of your check book each of the checks paid by the bank and make a list of the numbers and amounts of those still outstanding in the space provided at the left; to this total add the balance as shown in your check book. List below all deposits which do not appear on the statement, and add to this total the balance as shown by the statement. The two results should agree, and if so, the statement rendered is correct.
·		DEPOSITS NOT
TOTAL CHECKS OUTSTANDING		CREDITED
BALANCE AS PER CHECK BOOK		BANK BALANCE AS PER STATEMENT
TOTAL		TOTAL

The other Many Services and Conveniences Offered By The Bank of Utica Phone 797-2700



Business Loans Personal Loans Automobile Loans Collateral Loans Check-Credit Accounts Home improvement Loans

Savings Accounts Certificates of Deposit Checking Accounts Christmas Clubs Vacation Clubs



Money Orders New York Drafts Travelers' Checks Safe Deposit Boxes U. S. Defense Bonds Foreign Remittances

"SPECIAL CONVENIENCES"

"Bank-By-Mail"
24 Hour Sidewalk Depository
Free Parking at our Washington Street Entrance
Also at the Washington Street VIP parking lot
Open until 5:00 p.m. on Mondays and Fridays
Drive in Teller open till 5:00 p.m. Daily
Consumer Credit Depart. open till 5:00 p.m. Daily

BANK & UTICA

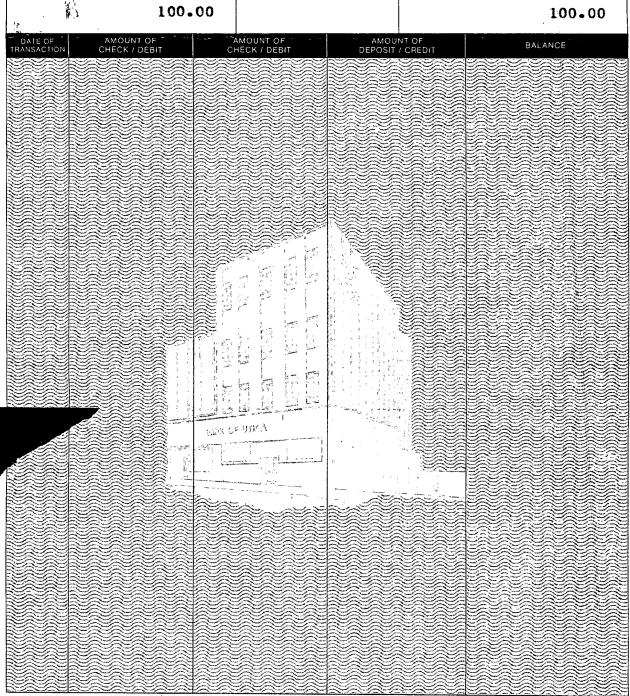
PLEASE NOTIFY US OF ANY CHANGE IN YOUR ADDRESS SCHUYLER MANAGEMENT CO INC %GAETANO CONST CORP 1506 WHITESBORO ST UTICA NY 13502 ACCOUNT NUMBER

04 - 7894

PAGE 1 STATEMENT DATE

12/31/79

AVERAGE BALANCE	NO. OF CHECKS	SERVICE CHARGE
100.00	•00	
AVERAGE COLLECTED BALANCE	NO. OF DEPOSITS	PREVIOUS STATEMENT BALANCE
100.00		100.00



LEGEND:

CR = CREDIT REVERSE DR = DEBIT REVERSE DP = DEPOSIT MC = MISCELLANEOUS CM = CREDIT MEMO DM = DEBIT MEMO RT = RETURN CHECK

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TOTAL		TOTAL	

The other Many Services and Conveniences Offered By The Bank of Utica Phone 797-2700

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Business Loans
Personal Loans
Automobile Loans
Collateral Loans
Check-Credit Accounts
Home Improvement Loans

Savings Accounts Certificates of Deposit Checking Accounts Christmas Clubs Vacation Clubs

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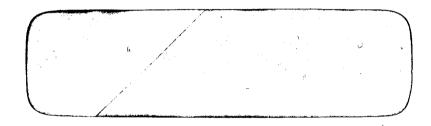
"SPECIAL CONVENIENCES"

"Bank-By-Mail"
24 Hour Sidewalk Depository
Free Parking at our Washington Street Entrance
Also at the Washington Street VIP parking lot
Open until 5:00 p.m. on Mondays and Fridays
Drive in Teller open till 5:00 p.m. Daily
Consumer Credit Depart. open till 5:00 p.m. Daily









PLEASE NOTIFY US OF ANY CHANGE IN YOUR ADDRESS SCHUYLER MANAGEMENT CO INC %GAETANO CONST CORP 1506 WHITESBORO ST UTICA NY ACCOUNT NUMBER

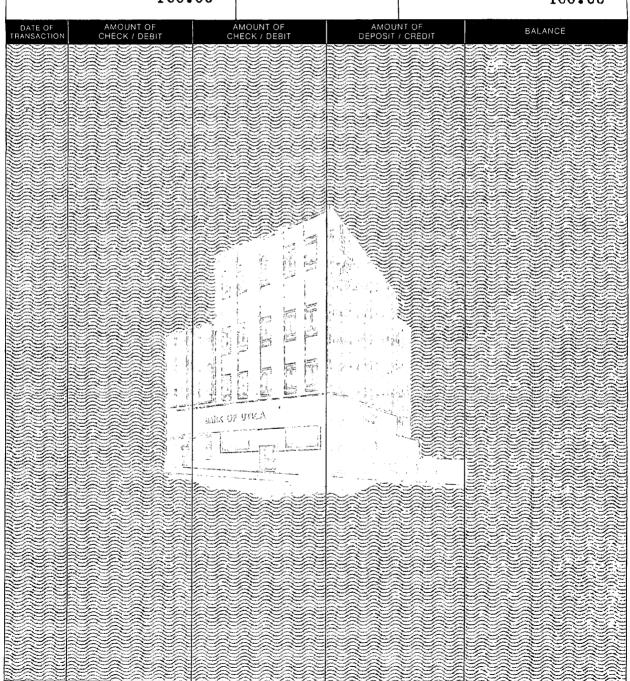
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PAGE 1 STATEMENT DATE

11/30/79

AVERAGE BALANCE	NO. OF CHECKS	SERVICE CHARGE
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AVERAGE COLLECTED BALANCE	NO. OF DEPOSITS	PREVIOUS STATEMENT BALANCE
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LEGEND:

CR = CREDIT REVERSE DR = DEBIT REVERSE DP = DEPOSIT MC = MISCELLANEOUS CM = CREDIT MEMO DM = DEBIT MEMO RT = RETURN CHECK CC = CERTIFIED CHECK SC = SERVICE CHARGE LP = LIST POST

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BALANCE AS PER CHECK BOOK		BANK BALANCE AS PER STATEMENT
TOTAL		TOTAL

The other Many Services and Conveniences Offered By The Bank of Utica Phone 797-2700

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Business Loans
Personal Loans
Automobile Loans
Collateral Loans
Check-Credit Accounts
Home Improvement Loans

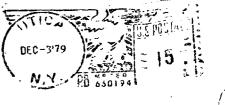
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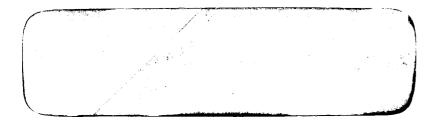
Money Orders New York Drafts Travelers' Checks Safe Deposit Boxes U. S. Defense Bonds Foreign Remittances

"SPECIAL CONVENIENCES"

Bankof Utica Library 13502







PLEASE NOTIFY US OF ANY CHANGE IN YOUR ADDRESS SCHUYLER MANAGEMENT CO INC %GAETANO CONST CORP 1506 WHITESBORD ST UTICA NY ACCOUNT NUMBER

04-7894

PAGE I STATEMENT DATE

10/31/79

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BALANCE AS PER CHECK BOOK		BANK BALANCE AS PER STATEMENT
TOTAL		TOTAL

The other Many Services and Conveniences Offered By The Bank of Utica Phone 797-2700

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Business Loans
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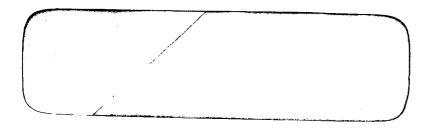
Money Orders New York Drafts Travelers' Checks Safe Deposit Boxes U. S. Defense Bonds Foreign Remittances

"SPECIAL CONVENIENCES"









PLEASE NOTIFY US OF ANY **CHANGE IN** YOUR ADDRESS

SCHUYLER MANAGEMENT CO INC **%GAETANO CONST CORP** 1506 WHITESBORD ST UTICA NY

13502

ACCOUNT NUMBER

04-7894

PAGE STATEMENT DATE 9/28/79

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LEGEND:

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TOTAL		TOTAL

The other Many Services and Conveniences Offered By The Bank of Utica Phone 797-2700



Business Loans
Personal Loans
Automobile Loans
Collateral Loans
Check-Credit Accounts
Home Improvement Loans

Savings Accounts Certificates of Deposit Checking Accounts Christmas Clubs Vacation Clubs



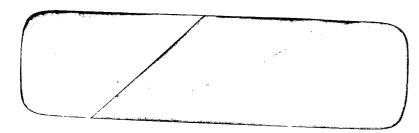
Money Orders New York Drafts Travelers' Checks Safe Deposit Boxes U. S. Defense Bonds Foreign Remittances

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PLEASE NOTIFY US OF ANY **CHANGE IN** YOUR ADDRESS

SCHUYLER MANAGEMENT CO INC **%GAETANO CONST CORP** 1506 WHITESBORD ST UTICA NY

PAGE 1 STATEMENT DATE

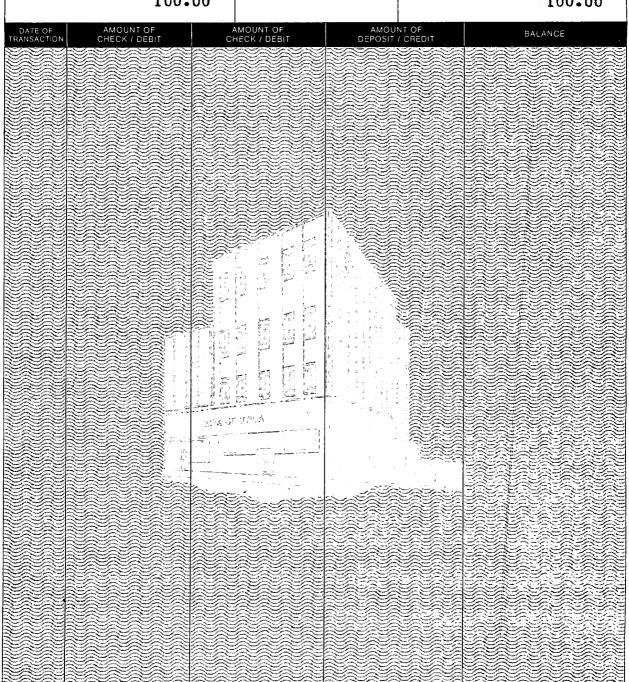
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8/31/79

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AVERAGE BALANCE	NO. OF CHECKS	SERVICE CHARGE
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The other Many Services and Conveniences Offered By The Bank of Utica Phone 797-2700



Business Loans Personal Loans Automobile Loans Collateral Loans Check-Credit Accounts Home Improvement Loans

Savings Accounts Certificates of Deposit Checking Accounts Christmas Clubs Vacation Clubs

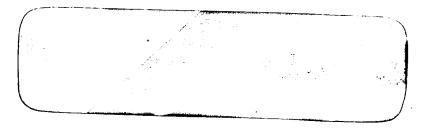


Money Orders New York Drafts Travelers' Checks Safe Deposit Boxes U. S. Defense Bonds Foreign Remittances

"SPECIAL CONVENIENCES"







PLEASE NOTIFY US OF ANY CHANGE IN YOUR ADDRESS SCHUYLER MANAGEMENT CO INC #GAETANO CONST CORP 1506 WHITESBORO ST UTICA NY

13502

ACCOUNT NUMBER

04-7894

PAGE 1 STATEMENT DATE

7/31/79

AVERAGE BALANCE	NO. OF CHECKS	SERVICE CHARGE
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BALANCE AS PER CHECK BOOK		BANK BALANCE AS PER STATEMENT
TOTAL		TOTAL

The other Many Services and Conveniences Offered By The Bank of Utica Phone 797-2700



Business Loans Personal Loans Automobile Loans Collateral Loans Check-Credit Accounts Home Improvement Loans Savings Accounts Certificates of Deposit Checking Accounts Christmas Clubs Vacation Clubs



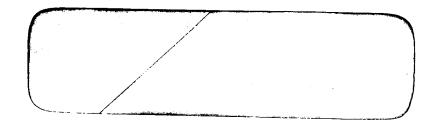
Money Orders New York Drafts Travelers' Checks Safe Deposit Boxes U. S. Defense Bonds Foreign Remittances

"SPECIAL CONVENIENCES"









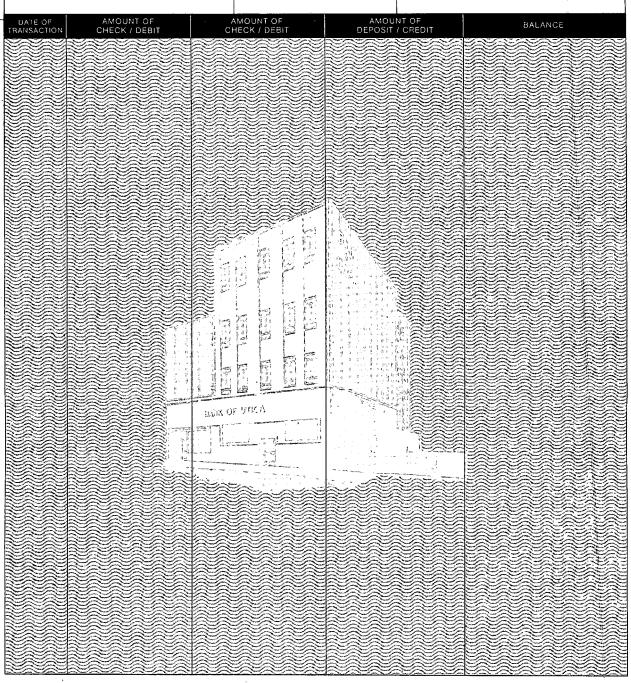
PLEASE NOTIFY US OF ANY. CHANGE IN YOUR ADDRESS SCHUYLER MANAGEMENT CO INC %GAETANO CONST CORP 1506 WHITESBORO ST UTICA NY 04-7894

PAGE 1
STATEMENT DATE ©

6/29/79

13502

AVERAGE BALANCE	NO. OF CHECKS	SERVICE CHARGE
100.00		•00
AVERAGE COLLECTED BALANCE	NO. OF DEPOSITS	PREVIOUS STATEMENT BALANCE
100.00		100.00



LEGEND:

CR = CREDIT REVERSE DR = DEBIT REVERSE

DP = DEPOSIT
MC = MISCELLANEOUS

CM = CREDIT MEMO DM = DEBIT MEMO RT = RETURN CHECK CC = CERTIFIED CHECK SC = SERVICE CHARGE LP = LIST POST

NO ACTIVITY THIS PERIOD

NUMBER	AMOUNT	
		TO PROVE THE BALANCE AS SHOWN ON YOUR STATEMENT: Sort the checks numerically or by date issued. Check off on the stubs of your check book each of the checks paid by the bank and make a list of the numbers and amounts of those still outstanding in the space provided at the left; to this total add the balance as shown in your check book. List below all deposits which do not appear on the statement, and add to this total the balance as shown by the statement. The two results should agree, and if so, the statement rendered is correct.
		DEPOSITS NOT
TOTAL CHECKS OUTSTANDING		CREDITED
BALANCE AS PER CHECK BOOK		BANK BALANCE AS PER STATEMENT
TOTAL		TOTAL

The other Many Services and Conveniences Offered By The Bank of Utica Phone 797-2700

*

Business Loans Personal Loans Automobile Loans Collateral Loans Check-Credit Accounts Home Improvement Loans Savings Accounts Certificates of Deposit Checking Accounts Christmas Clubs Vacation Clubs



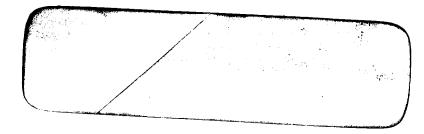
Money Orders New York Drafts Travelers' Checks Safe Deposit Boxes U. S. Defense Bonds Foreign Remittances

"SPECIAL CONVENIENCES"









PLEASE NOTIFY US OF ANY CHANGE IN YOUR ADDRESS SCHUYLER MANAGEMENT CO INC %GAETANO CONST CORP 1506 WHITESBORO ST UTICA NY

13502

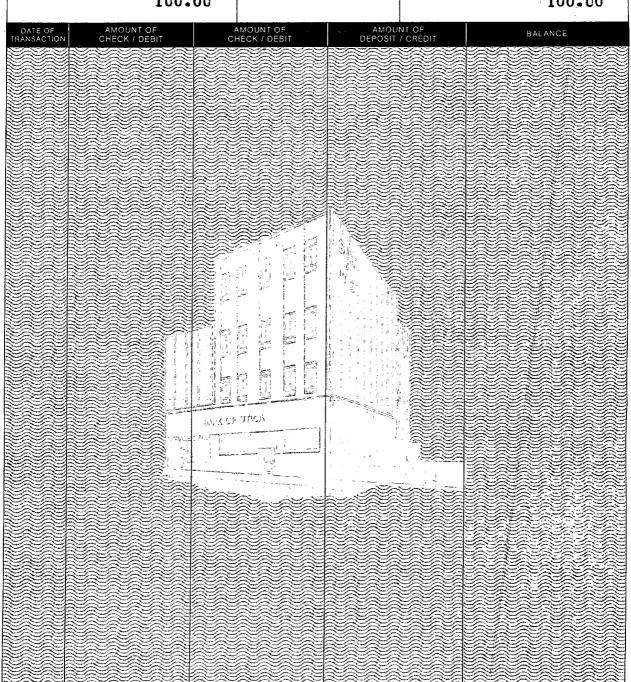
ACCOUNT NUMBER

04-7894

PAGE 1 STATEMENT DATE

5/31/79

AVERAGE BALANCE	NO. OF CHECKS	SERVICE CHARGE
100.00		•00
AVERAGE COLLECTED BALANCE	NO. OF DEPOSITS	PREVIOUS STATEMENT BALANCE
100.00		100.00



LEGEND:

CR = CREDIT REVERSE DR = DEBIT REVERSE DP = DEPOSIT MC = MISCELLANEOUS CM = CREDIT MEMO DM = DEBIT MEMO RT = RETURN CHECK CC = CERTIFIED CHECK SC = SERVICE CHARGE LP = LIST POST

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		DEPOSITS
TOTAL CHECKS OUTSTANDING		CREDITED
BALANCE AS PER CHECK BOOK		BANK BALANCE AS PER STATEMENT
TOTAL		TOTAL

The other Many Services and Conveniences Offered By The Bank of Utica Phone 797-2700

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Business Loans
Personal Loans
Automobile Loans
Collateral Loans
Check-Credit Accounts
Home Improvement Loans

Savings Accounts Certificates of Deposit Checking Accounts Christmas Clubs Vacation Clubs

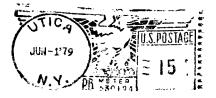


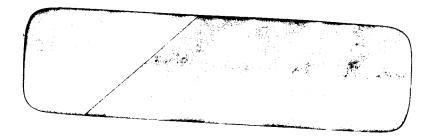
Money Orders New York Drafts Travelers' Checks Safe Deposit Boxes U. S. Defense Bonds Foreign Remittances

"SPECIAL CONVENIENCES"









BANK

PLEASE NOTIFY US OF ANY **CHANGE IN** YOUR ADDRESS SCHUYLER MANAGEMENT CO INC 1423 GENESEE ST UTICA NY

ACCOUNT NUMBER

04-7894

PAGE STATEMENT DATE

4/30/79

13501

AVERAGE BALANCE	NO. OF CHECKS	SERVICE CHARGE
100.00		•00
AVERAGE COLLECTED BALANCE	NO. OF DEPOSITS	PREVIOUS STATEMENT BALANCE
100.00		100.00

LEGEND:

CR = CREDIT REVERSE DR = DEBIT REVERSE DP = DEPOSIT MC = MISCELLANEOUS

CM = CREDIT MEMO DM = DEBIT MEMO RT = RETURN CHECK

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		DEPOSITS NOT
TOTAL CHECKS OUTSTANDING		CREDITED
BALANCE AS PER CHECK BOOK		BANK BALANCE AS PER STATEMENT
TOTAL		TOTAL

The other Many Services and Conveniences Offered By The Bank of Utica Phone 797-2700



Business Loans
Personal Loans
Automobile Loans
Collateral Loans
Check-Credit Accounts
Home Improvement Loans

Savings Accounts Certificates of Deposit Checking Accounts Christmas Clubs Vacation Clubs



Money Orders New York Drafts Travelers' Checks Safe Deposit Boxes U. S. Defense Bonds Foreign Remittances

"SPECIAL CONVENIENCES"

BANK

PLEASE NOTIFY US OF ANY **CHANGE IN** YOUR ADDRESS

SCHUYLER MANAGEMENT CO INC 1423 GENESEE ST UTICA NY

ACCOUNT NUMBER

04-7894

3/30/79

PAGE STATEMENT DATE

13501

NO. OF CHECKS	SERVICE CHARGE
	•00
NO. OF DEPOSITS	PREVIOUS STATEMENT BALANCE
	100.00

DATE OF TRANSACTION CHECK / DEBIT CHECK / DEBIT DEPOSIT / CREDIT BALANCE	
Shik 9F JTMA	

LEGEND:

CR = CREDIT REVERSE DR = DEBIT REVERSE DP = DEPOSIT
MC = MISCELLANEOUS

CM = CREDIT MEMO DM = DEBIT MEMO RT = RETURN CHECK

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NO ACTIVITY THIS PERIOD

то		•
eck of the the nding otal a book to below the state as:	off of the che num in the add atem show a show residual.	PROVE THE BALANCE AS S ON YOUR STATEMENT: checks numerically off on the stubs of your checks paid by the bar numbers and amounts, in the space provided add the balance as fow all deposits which attement, and add to shown by the statement or results should agree, endered is correct.

The other Many Services and Conveniences Offered By The Bank of Utica Phone 797-2700

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Business Loans Personal Loans Automobile Loans Collateral Loans Check-Credit Accounts Home Improvement Loans Savings Accounts Certificates of Deposit Checking Accounts Christmas Clubs Vacation Clubs

Money Orders New York Drafts Travelers' Checks Safe Deposit Boxes U. S. Defense Bonds Foreign Remittances

"SPECIAL CONVENIENCES"

Bankof Lica Line

222 Genesee St. Utica, N. Y. 13502



BANK

PLEASE NOTIFY US OF ANY **CHANGE IN** YOUR ADDRESS SCHUYLER MANAGEMENT CO INC 1423 GENESEE ST UTICA NY

ACCOUNT NUMBER 04-7894

2/28/79

PAGE STATEMENT DATE

13501

AVERAGE BALANCE	NO. OF C	D. OF CHECKS SERVICE CHARGE	
82.14			•00
AVERAGE COLLECTED BALANCE	NO. OF DE	POSITS	PREVIOUS STATEMENT BALANCE
82.14	•	1	•00

AVERAGE COLLECT	ED BALANCE	NO. OF DE	POSITS	PREVIOUS STA	TEMENT BALANCE
	82.14		1		•00
DATE OF AMOUN TRANSACTION CHECK /	T OF DEBIT	AMOUNT OF CHECK / DEBIT	AMOUI DEPOSIT	NT OF / CREDIT	BALANCE
TRANSACTION CHECK /	DEBIT			CREDIT D. O.G. DP	100-200

LEGEND:

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		DEPOSITS NOT	
TOTAL CHECKS		CREDITED	
OUTSTANDING			
PER CHECK BOOK		BANK BALANCE AS PER STATEMENT	
TOTAL		TOTAL	

The other Many Services and Conveniences Offered By The Bank of Utica Phone 797-2700



Business Loans
Personal Loans
Automobile Loans
Collateral Loans
Check-Credit Accounts
Home Improvement Loans

Savings Accounts Certificates of Deposit Checking Accounts Christmas Clubs Vacation Clubs

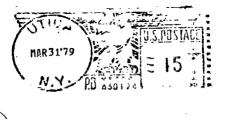


Money Orders New York Drafts Travelers' Checks Safe Deposit Boxes U.S. Defense Bonds Foreign Remittances

"SPECIAL CONVENIENCES"



222 Genesee St. Utica, N. Y. 13502



DATE

50-1138 213 CURRENCY COIN USE OTHER SIDE FOR ADDITIONAL LISTING. 500 TOTAL FROM OTHER SIDE ENTER TOTAL HERE TOTAL ITEMS TOTAL

BANK & UTICA

CHECKING ACCOUNT

DEPOSIT TICKET

UTIČA, N. Y.

0 2 1 3 m 1 1 3 B

collection agreement.

Checks and other items are received for deposit

subject to the terms and conditions of this bank's

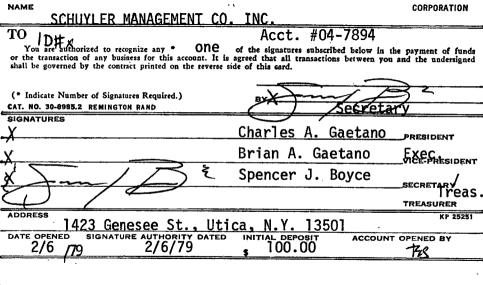
04078940

DEPOSIT TICKET

PLEASE BE SURE THAT ALL ITEMS ARE PROPERLY ENDORSED. LIST EACH CHECK SEPARATELY.

ENDOR		EACH CHECK SEPARATELY	
CHECKS	LIST SINGLY	DOLLARS	CENTS
1		500	
2			
3			
4			
5			
6			
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TOTA	Ļ	500	_

PLEASE ENTER THE TOTAL AMOUNT OF DEPOSIT ON THE FRONT OF THIS TICKET.



DEPOSITOR'S CONTRACT

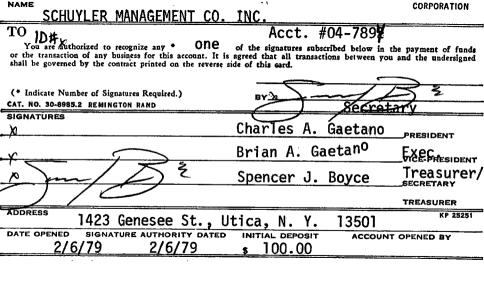
Items received for deposit or collection are accepted on the following terms and conditions. This bank acts only as depositor's collecting agent and assumes no responsibility beyond its exercise of due care. All items are credited subject to final payment and to receipt of proceeds of final payment in cash or solvent credits by this bank at its own office. This bank may forward items to correspondents and shall not be liable for default or negligence of correspondents selected with due care nor for losses in transit, and each correspondent shall not be liable except for its own negligence. Items and their proceeds may be handled by any Federal Reserve bank in accordance with applicable Federal Reserve rules, and by this bank or any correspondent, in accordance with any common bank usage, with any practice or procedure that a Federal Reserve bank may use or permit another bank to use, or with any other lawful means. This bank may charge back, at any time prior to midnight on its business day next following the day of receipt, any item drawn on this bank which is ascertained to be drawn against insufficient funds or otherwise not good or payable. An item received after this bank's regular afternoon closing hour shall be deemed received the next business day.

This bank reserves the right to post all deposits, including deposits of cash and of items drawn on it. not later than midnight of its next business day after their receipt at this office during regular banking hours, and shall not be liable for damages for nonpayment of any presented item resulting from the exercise of this right.

In case this bank is requested to stop payment on an item or items, the depositor agrees to hold this bank harmless for all expenses and costs incurred by this bank on account of refusing payment of said item, and further agrees not to hold this bank liable on account of payment contrary to this request if same occur through inadvertence, accident or oversight, or if by reason of such payment other items drawn by the depositor are returned insufficient. Request for stop payment is effective for 60 days, but renewals may be made from time to time. No stop payment request, renewal or revocation shall be valid if oral or unless served at this bank.

It is agreed that this account, whether active or dormant (an account shall be considered dormant when no deposit shall have been made or checks drawn for a period of one year), shall be subject to service and maintenance charges heretofore adopted by this bank and now in effect, and to such charges as may hereafter be adopted by this bank. New service and maintenance charges and changes in existing charges shall become effective upon the posting of notice in the office of this bank for a period of ten days and the publication thereof in any local newspaper before the end of said period, or upon giving the depositor not less than ten days' notice in writing mailed to his last known address. Such charges may be deducted from the depositor's account and this bank shall not be liable for dishonoring checks, drafts, notes, acceptances or other instruments because of insufficient funds resulting from the deduction of such charges.

This bank may mail statements, canceled checks, and notices to the last address known to this bank.



DEPOSITOR'S CONTRACT

Items received for deposit or collection are accepted on the following terms and conditions. This bank acts only as depositor's collecting agent and assumes no responsibility beyond its exercise of due care. All items are credited subject to final payment and to receipt of proceeds of final payment in cash or solvent credits by this bank at its own office. This bank may forward items to correspondents and shall not be liable for default or negligence of correspondents selected with due care nor for losses in transit, and each correspondent shall not be liable except for its own negligence. Items and their proceeds may be handled by any Federal Reserve bank in accordance with applicable Federal Reserve rules, and by this bank or any correspondent, in accordance with any common bank usage, with any practice or procedure that a Federal Reserve bank may use or permit another bank to use, or with any other lawful means. This bank may charge back, at any time ptior to midnight on its business day next following the day of receipt, any item drawn on this bank which is ascertained to be drawn against insufficient funds or otherwise not good or payable. An item received after this bank's regular afternoon closing hour shall be deemed received the next business day.

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This bank may mail statements, canceled checks, and notices to the last address known to this bank.

Internal Revenue Service

310 Lowell Street Andover, Mass. 01812

Department of the Treasury

Date: 4-7-80 Schrigher Mingenent C. In. I have been unable to contact you by plane and I med to know your employer identificationmenter for your corporation. Hould you please-either Coxtact me by phone serd me your in the endonel Thank you OVER Tax Examine

4/10 WE hAVE NO Fed I.D. # As Corporation is In active & No Number Applied tor as yet Schugler Ment & In % GARTARO CENT CONS 1- 315- 733-4611 Willard Falmon

CT-4

Article 9A Tax Law

STATE OF NEW YORK Corporation Franchise Tax Report

For the Calendar Year 1979 or

1979

Taxable Period Begun 1979 A SUBCHAPTER S CORPORATION MUST ATTACH A COPY OF ITS FEDERAL FORM 1120S, PAGES 1 THRU 4. OFFICIAL USE ONLY EMPLOYER IDENTIFICATION NUMBER AFFIX PRE-ADDRESSED LABEL HERE DATE RECEIVED Schuyler MANAGEMENT Company CHECK IF CHANGED SINCE LAST Whiterburg TOL REPORT OR IF LABEL IS INCORRECT: CITY OR TOWN, STATE AND ZIP CODE ADDRESS EMPLOYER NUMBER Utica MAKE CORRECTION ON LABEL. TELEPHONE NUMBER PRINCIPAL BUSINESS ACTIVIA BUSINESS GROUP CODE NUMBER Holding 733-4611 OR COUNTRY OF INCORPORATION York 10-19 NEW FEDERAL RETURN WAS FILED ON: 1120-S Consolidated Basis HAS THE INTERNAL REVENUE SERVICE CORRECTED ANY REPORTED TAXABLE INCOME NOT PREVIOUSLY REPORTED? TOTAL ASSETS (LINE 27 COL. 6 If yes, Eederal changes must be reported on Form CT-3360 within 90 days of the final Federal determination. YES 🔀 NO IMPORTANT. TO AVOID REJECTION, ALL LINES MARKED . MUST BE COMPLETED. USE ZEROS WHERE APPLICABLE. Remit amount shown at line 21, Schedule A. Make check payable to: New York State 250 00 Corporation Tax SCHEDULE A - COMPUTATION OF TAX AND INCOME 1. Federal taxable income before net operating loss deduction and special deductions ٥ 2. Interest on Federal, State, Municipal and other obligations not included in line 1 3. New York State franchise tax deducted on Federal return 0 4. Interest to stockholders \$_____less 10% or \$1000 whichever is larger (see instructions)..... 4 0 5. Taxable income (Total Lines 1, 2, 3 and 4) 5 0 6. Tax based on income 6 0 7. Tax based on capital (enter from Schedule C, Line 29) × .00178 7 0 Ð 8. Compensation of officers: (enter from Schedule D. Line 32) 9. Taxable income (Line 5 above) 9 Ó 10. Total 8 plus 9 10 n 11. Less statutory deduction of \$15,000 (see instructions) 12. Balance 13. Alternative Base - 30% of Line 12 15. Minimum Tax 15 \$250100 Tax Credits can NOT be claimed on this Form - Use Form CT-3 16. Tax: Largest of Lines 6, 7, 14 or 15 above 250 16 00 17. Prepayments - see back..... 18. Balance (Line 16 less line 17) . 50 00 19. Interest: Compute on Line 18 (see instructions)..... 20. Additional Charges: Compute on Line 18 250 21. BALANCE DUE: Total of Lines 18, 19 and 20 PAY 250 00 0 CREDIT to next period 22. OVERPAYMENT: Line 17 Less line 16 22 REFUND-SCHEDULE B-ADDITIONAL REQUIRED INFORMATION 23. Compensation of officers deducted on Federal return..... 0 24. Interest deducted on Federal return 0 25. Depreciable assets and land..... 26. Total Receipts (Total income plus cost of goods sold from Federal return).....

SCHEDULE C - COMPUTATION OF CAPITAL - Enter total assets in columns (a) and (b) from balance sheet of Federal return.

	· · · · · · · · · · · · · · · · · · ·	(a) Beginning of year	(b) End of year	(see instruction
			\$ /00	\$ /00
	s (see instructions)			<u> </u>
	ne 27 less line 28) - Enter at line 7,			- /00
•	ock			<u> </u>
1. Paid in Capital, S	outplus and Reserves	/00	100	100
		i.	•	AND OUTSTANDING:
ar .	Shares, \$; No Par	Shares, \$	·
	FICERS (appointed or elected) A every stockholder owning more th			
	Give actual residence (Attach rider if necessary)	Soc. Sec. Number	Official Title	Salary & All Oth Compensation Rece from Corporation
noles A Gnet. 20 Reddiold	AMO St Utica MY 13501 , 1506 Whiteubor-St	086-14-0985	Pres	\$ 0
in A. GAE:	the Ut BSOL		Exec View Pres	0
J. Boyes	Barneveld MY	090 - 36-4304	Sec-Treas	0
				1
• .				
2. Total (including a	iny amount on rider.) - Enter at Li	ne 8, Schedule A ———		. 0
	OF PREPAYMENTS CLAIMED		E A	. 0
				ZIAL NUMBER
COMPOSITION	OF PREPAYMENTS CLAIMED	DATE AMOUNT		
COMPOSITION A. Mandatory F	OF PREPAYMENTS CLAIMED	DATE AMOUNT		
COMPOSITION A. Mandatory F	OF PREPAYMENTS CLAIMED	DATE AMOUNT		
COMPOSITION A. Mandatory F	OF PREPAYMENTS CLAIMED	DATE AMOUNT		
A. Mandatory F B. CT-400 Inst	OF PREPAYMENTS CLAIMED A	DATE AMOUNT		
A. Mandatory F B. CT-400 Inst C. Payment wit	OF PREPAYMENTS CLAIMED A	DATE AMOUNT		
A. Mandatory F B. CT-400 Inst	OF PREPAYMENTS CLAIMED A	DATE AMOUNT		
A. Mandatory F B. CT-400 Inst C. Payment wit D. Credit from E. TOTAL of A	First Installment	DATE AMOUNT		
A. Mandatory F B. CT-400 Inst C. Payment wit D. Credit from E. TOTAL of A	OF PREPAYMENTS CLAIMED A C	DATE AMOUNT *** *** *** ** ** ** ** ** *	DEPOSIT SER	
A. Mandatory F B. CT-400 Inst C. Payment wit D. Credit from E. TOTAL of A	OF PREPAYMENTS CLAIMED A Callments (1) (2) (3) th Extension - CT-5	DATE AMOUNT *** *** *** ** ** ** ** ** *	DEPOSIT SER	
A. Mandatory F B. CT-400 Inst C. Payment wit D. Credit from E. TOTAL of A Amount Show	OF PREPAYMENTS CLAIMED A callments (1) th Extension - CT-5	DATE AMOUNT \$ LECTED OFFICER OF	THE CORPORATION	RIAL NUMBER
A. Mandatory F B. CT-400 Inst C. Payment wit D. Credit from E. TOTAL of A Amount Show	OF PREPAYMENTS CLAIMED A C	DATE AMOUNT S LECTED OFFICER OF	THE CORPORATION	RIAL NUMBER
A. Mandatory F B. CT-400 Inst C. Payment wit D. Credit from E. TOTAL of A Amount Show	OF PREPAYMENTS CLAIMED A callments (1) th Extension - CT-5	DATE AMOUNT S LECTED OFFICER OF	THE CORPORATION	RIAL NUMBER

Mail this report to:

Processing Unit

P. O. Box 1909 Albany, New York 12201

CT-4

STATE OF NEW YORK

1979

Article 9A Tax Law

Corporation Franchise Tax Report

For the Calendar Year 1979 or

Taxable Perio	d Begun		. 1979, Ei	nded			19	
A SUBCHAPTER	S CORPORATIO	N MUST ATTACH	A COPY OF	ITS FEDERA	L FORM 11	20S, P	AGES'1 THRU	4.
(Please type of	print.)	4					OFFICIAL US	E ONLY
AFFIX PRE-ADDRESSED	EMPLOYER IDENTIF	ICATION NUMBER	FILE NUN	4BER			7	
					,			
LABEL HERE -	NAME						DATE REC	EIVED
CHECK IF CHANGED SINCE LAST	NUMBER AND STREE	т					7	
REPORT OR IF LABEL IS INCORRECT:								
ADDRESS EMPLOYER NUMBER	CITY OR TOWN, STA	TE AND ZIP CODE					7	*
MAKE CORRECTION ON LABEL.				en en en				
PRINCIPAL BUSINESS ACTIVITY		TELEPHONE NUMBER		BUSINESS GROUP	CODE NUMBER		7	
					••	•		
STATE OR COUNTRY OF INCORPORATION	ľ	DATE	DAT	E BEGAN BUSINES	S IN NEW YOR	KSTAT	買	
		19	•		19)		
FEDERAL RETURN WAS FILED ON:							<u> </u>	····
1120	☐ 1120-S	Cons	solidated Bas	is 🗀	Other			
HAS THE INTERNAL REVENUE SERVICE	CORRECTED ANY REP	ORTED TAXABLE INCOM	AE NOT PREVIOU	SLY REPORTED?			TOTAL ASSETS (L	LINE 27 COL. b
YES NO Federal de	deral changes must etermination.	be reported on Form	n CT-3360 with	in 90 days of the	final -		\$	•
IMPORTANT - TO AVOID REJE		IES MARKED	ST BE COMP	LETED USE	ZEROS WHI	ŘF A	PPHCARIE	· 67-43 40
		THILL THO				-,13 <u>L</u>	REMITTA	INCE
Remit amount shown at line 21,	Schedule A. Ma	ke check payable t	to: New York	State		-	\$	1
·	<u> </u>		Corporatio	n Tax				
SCHEDULE A - COMPUTAT	ION OF TAX A	ND INCOME						
					 		<u>.</u>	
1. Federal taxable income befo							\$	•
2. Interest on Federal, State, N								
3. New York State franchise to							·	
4. Interest to stockholders \$								•
5. Taxable income (Total Line	s 1, 2, 3 and 4)					. 5		•
6. Tax based on income				line 5	× 10%	6		
7. Tax based on capital (enter	from Schedule C,	Line 29)			× .00178	7		
	· · · · · · · · · · · · · · · · · · ·							
8. Compensation of officers: (e	enter from Schadu	la D. I (ma 32)				. 8	T	
9. Taxable income (Line 5 abo							 	 •
10. Total 8 plus 9							 	7
11. Less statutory deduction of						10	+	
12. Balance							+	- -
13. Alternative Base - 30% of L	ine 12					. 13		+
14. Tax based on Alternative Ba	150	***************************************	Г	lina 13	× 10%	14		+
15. Minimum Tax						. 15	\$250	000
				ts can NOT be o			<u> </u>	رادن
16. Tax: Largest of Lines 6, 7,	14 or 15 above		this Form	- Use Form C	-3	16		Τ -
17. Prepayments - see back						. 17	 	
18. Balance (Line 16 less line 1								-
19. Interest: Compute on Line 1							†	1
20. Additional Charges: Comput						20		+
a. agaa. aaniput				***************************************	****************	[20		
21. BALANCE DUE: Total of L	ines 18, 19 and 1	20		'D A	y	21		
			••••••••••	F A		<u> </u>		+
22 OVERDAVMENT. L 17 1	1: 14		CREDIT	to next perio	—		\$	•
22. OVERPAYMENT: Line 17 le	ess line 10	•••••••••••••••••••••••••••••••••••••••	REFUN	D		. 22	\$:	1
		`				1	<u> </u>	
SCHEDULE B-ADDITIONAL	REQUIRED IN	FORMATION			•		•	
00 6				<u> </u>	 	Ţ		T
23. Compensation of officers dec	ducted on Federa	l return				. 23		•
24. Interest deducted on Federal	return	· · · · · · · · · · · · · · · · · · ·				24		•
25. Depreciable assets and land						. 25		•
26. Total Receipts (Total income	e plus cost of go	ods sold from Fed	eral return)			26		

SCHEDULE C - COMPUTATION OF CAPITAL	Enter total	assets in columns (a) and (b) 	from balance sheet of Federal return

CHEDULE D - OFFICERS compensation, and every st Name and Address - Give o	nstructions)	DMPLETE TI	HE FOLL No Pa	OWING WITH RESPE	\$ ECT TO CAPI		\$	
9. Total Capital (Line 27 les 10. Issued Capital Stock 11. Paid in Capital, Surplus a CORPORATIONS ORGANIZED OUTSIDE Par Sha CHEDULE D - OFFICERS	and Reserves NEW YORK STATE SHOULD CO ares, \$ (appointed or electer cockholder owning more actual residence	DMPLETE TI	HE FOLL No Pa	OWING WITH RESPE	ECT TO CAPI			
10. Issued Capital Stock 11. Paid in Capital, Surplus a CORPORATIONS ORGANIZED OUTSIDE Par Shows CHEDULE D - OFFICERS Compensation, and every stoler and Address - Give Compensation of the Compensatio	nd Reserves	pmpLeTe Ti ; ed) AND re than 5	HE FOLL No Pa	owing with respe	ECT TO CAPI			
CORPORATIONS ORGANIZED OUTSIDE OR Show SCHEDULE D - OFFICERS compensation, and every st Name and Address - Give of	nd Reserves NEW YORK STATE SHOULD CO pres, \$ (appointed or electer cockholder owning more actual residence	omplete to; ; ed) AND re than 5	No Pa	OWING WITH RESPE	ECT TO CAPI			
CORPORATIONS ORGANIZED OUTSIDE Par Sha CCHEDULE D - OFFICERS compensation, and every st Name and Address - Give of	NEW YORK STATE SHOULD CO pres, \$ 5 (appointed or electe cockholder owning mo actual residence	; ed) AND re than 5	No Pa	KHOLDERS -	ECT TO CAPI			
SCHEDULE D - OFFICERS compensation, and every st	ares, \$ (appointed or electerockholder owning more actual residence	; ed) AND re than 5	No Pa	KHOLDERS -	ECT TO CAPI			
CHEDULE D - OFFICERS compensation, and every st Name and Address - Give o	S (appointed or electe cockholder owning mor actual residence	ed) AND re than 5	STOC	KHOLDERS -			AND OUTSTANDING	•.
compensation, and every st Name and Address - Give o	ockholder owning mo actual residence	re than 5				Shares, \$		
				axpayer's issu				
			Soc.	Sec. Number	Off	icial Title	Compensat	All Othe ion Receiv rporation
			_		 		\$	
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	<u> </u>				EA		_	
2. Total (including any amou	<u> </u>	IED AT I			.E A	DEPOSIT SI	ERIAL NUMBER	
COMPOSITION OF PR	EPAYMENTS CLAIM	MED AT I	LINE	17, SCHEDUL	E A	DEPOSIT SE	ERIAL NUMBER	
COMPOSITION OF PR	REPAYMENTS CLAIM	AED AT I	LINE	17, SCHEDUL	E A	DEPOSIT SE	ERIAL NUMBER	
COMPOSITION OF PR	REPAYMENTS CLAIM	TA DAI	LINE	17, SCHEDUL	E A	DEPOSIT SE	ERIAL NUMBER	
COMPOSITION OF PR	REPAYMENTS CLAIM	(1) (2)	LINE	17, SCHEDUL	E A	DEPOSIT SE	ERIAL NUMBER	
A. Mandatory First Ins B. CT-400 Installment	STAILMENTS CLAIM	(1) (2) (3)	LINE	17, SCHEDUL	E A	DEPOSIT SE	ERIAL NUMBER	
A. Mandatory First Ins B. CT-400 Installment	stallment	(1) (2) (3)	LINE	17, SCHEDUL	E A	DEPOSIT SE	ERIAL NUMBER	
A. Mandatory First Ins B. CT-400 Installment	stallment	(1) (2) (3)	LINE	17, SCHEDUL	E A	DEPOSIT SE	ERIAL NUMBER	
A. Mandatory First Ins B. CT-400 Installment	stallmenttsrs	(1) (2) (3)	DATE	17, SCHEDUL	E A	DEPOSIT SE	ERIAL NUMBER	

Mail this report to:

Processing Unit P. O. Box 1909 Albany, New York 12201

		,				_				•••			
	rtment of the			U.S. Col	calendar year	1979 or o tl	her taxable		ning			1	1979
-	nai Revenue		Use	Name _				-			D Emph	oyer iden nstruction	tification number
	onsolidated	matition	IRS Iabel.	Sch.	14/ER	MAR	Agme-	st 6	ュ	سد		incorporal	
-	ersonal Hold		Other- wise	Number and st	treét	tes bo		14				O — 3	19-72
C B	usiness Cod age 8 of	instructions)	please	City or town, S				8 /			F Enter	total ass	sets (see instruction X
			print or type.	Utu		~~~	135	02		·	\$	100	
\neg	1 (a)	Gross receipt	s or sale	s \$	(b) Less ret	urns and a	llowances \$			Balance >	1(c)		NONE
				old (Schedule							2	1	,
ŀ			_								3		
힏)							4		
Income	5 Inte	erest on ob	ligations	of the United	States and U	I.S. instru	umentalit	es			5		
	6 Oth	er interest									<u>-6</u> 7		
Gross		ss rents	• • •		• • • •	• • •	• • •	• • •	• •	• • • •	8		
읬							• • •	• • •	• •	• • • •	9(a)		
٦				ncome (attach						• • • •	9(b)		************
				from Form 479						• • • •	10	بالبرددددد	
	10 Oth			structions—att —Add lines 3							11		vone
											12	<u>`</u>	NM
ı				ers (Schedule							13(c)		
					- ·			*************		. Dalalice	14	******	
	•			ons) If reserve met			• • •				15		
	16 Rer	~	ileanie i	in reserve med	ilou is uscuj				• •		16		
	17 Tax										17	********	
	18 Inte										18		
			(not ov	er 5% of line 3	30 adjusted p	er instruc	ctions—a	ttach sche	edule)		19		
2		ortization (•	• •							_20_		
Deductions	21 De	preciation f	rom Foi	m 4562 (attac	h Form 4562)		,	less d	epreciation	1	j	i
덩	clai	imed in Sch	edule A	and elsewhere	on return			************		Balance >	21		
ed	22 De	pletion .									22		
Δ	23 Adv	vertising.									23		
	24 Per	nsion, profit	:-sharin	g, etc. plans (se	ee instruction	s) (enter	number	of plans 🕨	·)	24		
	25 Em	iployee ben	efit prog	rams (see inst	ructions) .			• , • •			25 26		·
				ach schedule)				• •	• •		27		None
	27			ions—Add lines					• •		28		70000
				t operating loss d					7 from 1	line 11)			1
	29 Les			loss deduction (s							29		
	RO Tay			luctions (Scheoract line 29 fro					<u> </u>		30		None
	30 12			chedule J) .					- •		31		Nm
				ent from 1978 allo					•				
				payments									
				estimated tax app		,	()					
				7004				Total >			<u> </u>		
Тах				investment comp									
-				al fuels and oils (32_		
	33 TA	X DUE (sub	tract lir	e 32 from line	31). See inst	ruction G	for depo	sitary mel	thod o	f payment.	33		NONE
	(Ch	neck ► 🥅 i	f Form	2220 is attache	ed. See page 3	3 of instr	uctions.)	▶ \$	··· •••••				
	34 OV	ERPAYMEN	T (subt	ract line 31 fr	om line 32)		-	•			34		NONE
				u want: Credited						Refunded 🕨	35		NUNE
₽	Under per correct, a	nalties of perjur and complete. D	y, I decla eclaration	re that I have exami of preparer (other ti	ined this return, is han taxpayer) is b	ncluding acc ased on all i	ompanying s information	chedules and of which prepa	statemen arer has	its, and to the b any knowledge.	est of my	knowledge	e and belief, it is true
Sign Here		-	4	,see				2.19.))
듄	Signa	ature of office	r			-			Date	Title	RE	. Z	· · · · · · · · · · · · · · · · · · ·
Ī		Preparer's							<u></u>	Check if	Pre	parer's	social security no
Please	Paid Preparer's Information	signature and date							. [self-em- ployed	— I		
¥	Pa form	Firm's nam yours, if se		/d/						E.I. No.		一	
كا		yours, it se	··i-erithio	, cu)		·····							

ļ

Form	1120 (1979)	Schedule A Co	st of Goo	ds Sold (See Instru	ictions for	Schedule A)	Page 2
1 lr	ventory at beginning of year							
2 M	erchandise bought for manuf	acture or sale						800000000000000000000000000000000000000
3 Sa	alaries and wages							***************
4 0	ther costs (attach schedule)							
5 To	otal		• • •					
	ess: Inventory at end of year							
	ost of goods sold—Enter here) Check all methods used for valu					or market as o	lescribed in Regulation	s section 1.471–4 (see
	instructions) (iii) 🗌 Writedow	n of "subnormal" goods	as describe	ed in Regulat	ions section 1	.471-2(c) (se	e instructions)	•
(t) Did you use any other meth	7						Yes No
	If "Yes," specify method us							
	Check if this is the first year	_		=	-			· · · · · ·
(0) If the LIFO inventory method		-		-	(or amou	nts) of closing in-	
le	ventory computed under LIF) Is the corporation engaged			• • •		• • •		☐ Yes ☐ No
,,	If "Yes," are inventories val							☐ Yes ☐ No
(f)	Was there any substantial change	_			•	-	- '	Yes No
	If "Yes," attach explanation				·			
Scl	nedule C Dividends (Se	e instruction 4)						
1 D	mestic corporations subject	to 85% deduction						
	ertain preferred stock of publi							******************
	reign corporations subject to							~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	vidends from wholly-owned for			-				
	her dividends from foreign co cludible income from controll	•						
	reign dividend gross-up (sect							***************************************
	ralifying dividends received from							B .
_	xable dividends from a DISC o							
10 Ot	her dividends							
11 To	tal—Enter here and on line							
Sch	edule E Compensation	of Officers (See	e instruc					· · · · · · · · · · · · · · · · · · ·
	1. Name of officer	2. Social security	number	3. Time devoted to business	stock	corporation owned	6. Amount of compensation	7. Expense account allowances
		-		Business	4. Common	5. Preferred		<u> </u>
	Nac					*********		***************************************

								.20000000000000000000000000000000000000
					<u> </u>			
Cal	Total compensation of office	ers—Enter here and Reserve Method						
SCI	1	reserve inetitod	(0ec m		ed to reserve			I
1. Year	Trade notes and accounts re- ceivable outstanding at end of year	3. Sales on account		rrent year's rovision	5. R	ecoveries	6. Amount charged against reserve	7. Reserve for bad debts at end of year
1974						, .,. .		
1975							***************************************	
1976								
1977	***************************************							
1978								***************
1979	Casalal Dadio		·	Calaaduda	<u>, </u>			<u> </u>
Scl	nedule Special Deduct	tions (See instruct	ions for	Scheaule	1)			1
• •	85% of Schedule C, line 1 .			• • •	• • • •			
	59.13% of Schedule C, line	2		• • •		• • •		
	85% of Schedule C, line 3.			• • •	• • • •	• • •	• • • • •	
• •	100% of Schedule C, line 4.	· · · · · ·	• • •	• • •	• • •	• • •		
	al—See instructions for limita % of Schedule C, line 8	iuoii		• • •				***************************************
	luction for dividends paid on	ertain preferred sto	ck of nub	ic utilities		ctions).		
	luction for Western Hemisphe							
6 Tota	al special deductions—Add lin	es 2 through 5. Ente	er here and	d on line 2	9(b), page	1	<u> </u>	1

_	•
Page	- 3

Sc	hedule J Tax	Computation					:	
1 7	Faxable income ((line 30, page 1) mber of a controlled gro					Na	
		instructions and enter y						
		(ii) \$						
3 1		nstructions to figure th						
	. •	from Schedule D 🕨 🔲						
4 ((a) Foreign tax c	redit (attach Form 11:	18)	• •			.	
((b) investment c	redit (attach Form 34	168)			************************		
((c) Work incentiv	e (WIN) credit (attact	Form 4874) .	• .•			-	
((d) Jobs credit (a	ttach Form 5884)		•			.	
5 1	lotal of lines 4(a)	, (b), (c), and (d)			• • • •			
		om line 3						
		company tax (attach S						
		iting prior-year investm						,
9 1	Tax from recomp	uting prior-year WIN c	redit (attach com	ıputati	on)		***************	
10 !	Minimum tax on t	tax preference items (s nes 6 through 10. Enter	ee instructions— bere and on line :	-attach 31 nac	Form 4626)		None	
		ecord of Federal Tax			361	Date of deposit	Amount	
S	chedule K R	List deposits in order of date	made—See instructi	ion G)		Date of deposit	-	
	Date of deposit	l Amount	Date of deposi		Amount	************	-	
		III						
	***************************************					******************	-	
*****	*************	***************************************				4		
G (1)) Did you claim a de	eduction for expenses conne	cted with:	es No				Yes No
_ •		facility (boat, resort, ranch	3.70	$\sqrt{\Lambda}$	I Did you over declare	a stock dividend?		
	• •	odations (except employees	Total Control	7	- · · · · · · · · · · · · · · · · · · ·	oss) from Form 1120, lin		
	(c) Employees atte	ending conventions or meet	ings outside the		your taxable year begi		0 10, p.g. 1, io.	
	U.S. or its poss	essions?	[_	X	1976	1977 0	₉₇₈ <i>O</i>	.//////////
	• • •	milies at conventions or me	1999	区		r of a controlled group su		
	If "Yes," were any	y of these conventions or r	neetings outside		sions of section 1561	check the type of relation	onship:	
	the United States	or its possessions?			(1) parent-subsid	li ary (2) 🔲 broth	ner-sister	
	• • • • • •	mily vacations not reported	isa		(3) Combination	of (1) and (2) (See secti	ion 1563.)	
(2)		t claimed on Form 1120 fo	1///		L Refer to page 8 of in	structions and state the	principal:	
		lities, gifts, travel, and con	17//			***********************	•	100000000
	• •	substantiation is required						
H /1	274(d). (See instr 1 Did you at the en	uction Y.)				ed Forms 1087, 1096 and		
•• (•	rectly, 50% or mo	ore of the voting stock of a	domestic corpo-			reholder of any controlled 1 and 957.) If "Yes," atta		111111111111111111111111111111111111111
	· · · · · · · ·	of attribution, see section 2			each such corporation			
	identifying numb	schedule showing: (a) nan er; (b) percentage owne	d; (c) taxable		O At any time during the	e tax year, did you have athority over a bank acco	an interest in or a	
	income or (loss) (e.g., if a Form 1120: from ich corporation for the taxa	Form 1120, line 🥢		count, or other finan	cial account in a foreign	r country (see in-	
	with or within you	r taxable year; (d) highest	amount owed by		struction V)? P Were you the grantor	of, or transferor to, a fe	oreign trust which	
		oration during the year; and by such corporation during			existed during the cui	rent tax year, whether or	not you have any	
(2)		partnership, corporation, e				t?		
4	the end of the tax	kable year own, directly or	indirectly, 50%			e to file Forms 3520, 3520	1	
	section 267(c).) If	voting stock? (For rules of f "Yes," complete (a) throu	attribution, see	Y		ar, did you pay dividends utions in exchange for st		
		dule showing name, addres	177			umulated earnings and	•	
		b) Enter percentage owned	12//			eniniaren eaminga am l		X
		r of such voting stock a pe	12/2		the state of the s	52. If this is a consolidat		
		(See instruction S.)	. 1977			ration and on Form 851,	7	
		mer's country			ule, for each subsidiar	•	Animation's Sched-	
		***************************************	· · //			y. was any part of your tax a	occounting seconds	
		amount owed by you to su				puterized system?	7	X
		***************************************			S (1) Did you elect to			
	(e) Enter highest a	amount owed to you by suc	ch owner during			er section 167(o)) for a i		
	the year >	*************************	<u> </u>			ture (see instructions for		
		f H(1) and H(2), "highest			(2) Amortizable basis	(see instructions for line 2	20):	
INC	auges idans and acco	nunts receivable/navable.)	1///	1/3////				1////////////



Schedule L Balance Sheets	Beginning o	of taxable year	End of tax	xable year	
ASSETS	(A) Amount	(B) Total	(C) Amount	(D) Total	
1 Cash		100.00		100.00	
2 Trade notes and accounts receivable					
(a) Less allowance for bad debts					
3 Inventories				*******************	
4 Gov't obligations: (a) U.S. and instrumentalities .					
(b) State, subdivisions thereof, etc					
5 Other current assets (attach schedule)					
6 Loans to stockholders					
7 Mortgage and real estate loans					
8 Other investments (attach schedule)					
9 Buildings and other fixed depreciable assets					
(a) Less accumulated depreciation					
10 Depletable assets					
(a) Less accumulated depletion					
11 Land (net of any amortization)					
12 Intangible assets (amortizable only)					
(a) Less accumulated amortization				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
13 Other assets (attach schedule)		····			
14 Total assets		/00.00		100-00	
LIABILITIES AND STOCKHOLDERS' EQUITY					
15 Accounts payable					
16 Mtges., notes, bonds payable in less than 1 yr					
17 Other current liabilities (attach schedule)					
18 Loans from stockholders				***************************************	
19 Mtges., notes, bonds payable in 1 yr. or more					
20 Other liabilities (attach schedule)				<i></i>	
21 Capital stock: (a) Preferred stock					
(b) Common stock	700.00	/ 50.00		100.00	
22 Paid-in or capital surplus		.2			
23 Retained earnings—Appropriated (attach sch.)					
24 Retained earnings—Unappropriated		·····			
25 Less cost of treasury stock		100.00		100.00	
Schedule M-1 Reconciliation of Income	Per Books With		n		
1 Net income per books	<i>a.</i> I		books this year not in-		
2 Federal income tax		cluded in this return	- 1		
3 Excess of capital losses over capital gains			erest \$	1	
4 Income subject to tax not recorded on books this year					
(itemize)					
499794977444444444444444444444444444444					
		8 Deductions in this	tax return not charged		
5 Expenses recorded on books this year not deducted in	ł	against book income	this year (itemize)		
this return (itemize)	.	(a) Depreciation .	. \$		
(a) Depreciation \$	·	(b) Depletion	. \$		
(b) Depletion \$		***************************************			

			es 7 and 8	·	
6 Total of lines 1 through 5	O	10 Income (line 28, pa	ge 1)—line 6 less 9	<u> </u>	
Schedule M-2 Analysis of Unappropriat	ed Retained Earn				
1 Balance at beginning of year			sh · · · · ·		
•			ock		
3 Other increases (itemize)	·		pperty	*****	
		6 Other decreases (item	'		
	. •				
4 Total of lines 1, 2, and 3	6	7 Total of line 8 Balance at end of year	s 5 and 6	0	

STATE OF NEW YORK

Corporation Franchise Tax Report

1976

For the Calendar Year 1976 or

Files with Comparation Text Survey Property Survey	Taxable Period		_1976, End	ded	12-31		19 26	
SCHEDULE A - COMPUTATION OF TAX AND INCOME SCHEDULE A - COMPUTATION OF TAX AND INCOME I. Federal transits to show helfer and other obligations and included in line 1. 2 - 2. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to addected on Federal strutum. 1 - 0 - 1. New York State franchise to a deducted on Federal strutum. 1 - 0 - 1. New York State franchise to a deducted on Federal strutum. 1 - 0 - 1. New York State franchise to a deducted on Federal strutum. 1 - 0 - 1. New York State franchise to a deducted on Federal strutum. 1 - 0 - 0 - 1. New York State franchise to a deducted			FILE NUM					
NAME COMPANY TO AVOID REJECTION, ALL LINES MARKED & Mark in Company of the Personal of the Action of the Personal of the Action of the Personal of the Action of the Personal	' '						OFFICIAL USE ONL	_ 1
Scheduler and region years. Schuyler Equipment Company, Inc. Company C		L					1	
ENERGY OF IT CAMAGES SINCE LAST SURGERS ATTERED TO THE AND STREET SINCE AND STREET AND S		Schuyler Equipment	Company T	nc			1	
ADDRESS SMINLOVER NUMBER: CITY OR TOPN, STATE AND SITY CORDET MAKE CORRECTION ON LABEL. CITY OR TOPN, STATE AND SITY CORDET HOLDING CORRECTION ON LABEL. CITY OR TOPN, STATE AND SITY CORDET HOLDING CORRECTION ON LABEL. CITY OR TOPN, STATE OR COUNTY OF INCOMPANY			Company, 1	110 •		\longrightarrow	!	
MADORES IMPLOVERNAMES CITY OF TOWN, \$134T AND IN CORE PRINCIPLE BURNESS ACTIVITY	REPORT OR IF LABEL IS INCORRECT:	1506 Whitesboro St.						
MARE COMPACTION ON LABEL. Holding Company	ADDRESS EMPLOYER NUMBER							
TRINCELLE BUSINESS ACTUATY HOLDING TO COUNTRY OF INCOMPRISATION New York New York 10-19 19 72 IF THE IS THE CORPORATION'S CESSATION RETURN, REJOCATE WHETER		Utica, NY 13502		•		ĺ		
Holding Company New York 10-19 19-72 IF TIME IS THE COCKINGTON OF THE CONTROLLED BY 19-72 IF TIME IS THE COMPONITION'S CESSATION RETURN, INDICATE WITHOUT THE PROPERTY OF THE COMPONITION'S CESSATION RETURN, INDICATE WITHOUT THE PROPERTY OF THE COMPONITION'S CESSATION RETURN, INDICATE WITHOUT THE PROPERTY OF THE PR	PRINCIPAL BUSINESS ACTIVITY			BUSINES	S GROUP CODE	NUMBE	R (PER FEDERAL RETURN	N)
New York 10-19 19 72 10-19 1							THE TOTAL METERS	" ●
New York	STATE OR COUNTRY OF INCORPORATION	DATE			DATE BEGA	N BUSIN	NESS IN NEW YORK STATE	
This is the Code/Outhorlos's cessation activate, indicate whether Merged or Reorganized on 19	New York	10-19	10 72				19 / 72	
FEDERAL RETURN WAS PLED ON:	IF THIS IS THE CORPORATION'S CESSAT	ION RETURN, INDICATE WHETHER	1				19	
RECEIVED NOTE THE INTERNAL REVIEWS SERVICE CORRECTED ANY REPORTED TAXABLE INCOME NOT PREVIOUSLY REPORTED	Dissolved	■ Withdrawn	Mer	ged or Reorgan	nized on		19	
INSTITUTE INTERNAL REVIEWS SERVICE CORRECTED ANY REPORTED TAXABLE INCOME NOT PREVIOUSLY REPORTED: IF "YES", SUBMIT COMPLETED FORM CT3860 IMPORTANT - TO AVOID REJECTION, ALL LINES MARKED • MUST BE COMPLETED. USE ZEROS WHERE APPLICABLE. Remit amount shown at line 19, Schedule A. Make check payable to Corporation Tax Bureau SCHEDULE A - COMPUTATION OF TAX AND INCOME 1. Federal taxable income before net operating loss deduction and special deductions. 1. Federal taxable income before net operating loss deduction and special deductions. 2. Interest on Federal, State, Municipal and other obligations net included in line 1. 3. New York State franchise tax deducted on Federal return. 4. Interest to stockholders \$ less 10% or \$1000 whichever is larger (see instructions). 4 e. 5. Taxable income (Total Lines 1, 2, 3 and 4). \$	FEDERAL RETURN WAS FILED ON:					~ 4.		
IMPORTANT - TO AVOID REJECTION, ALL LINES MARKED & MUST BE COMPLETED. USE ZEROS WHERE APPLICABLE. Remit amount shown at line 19, Schedule A. Make check payable to Corporation Tax Bureau SCHEDULE A - COMPUTATION OF TAX AND INCOME 1. Federal taxable income before net operating loss deduction and special deductions. 2. Interest on Federal, State, Municipal and other obligations not included in line 1. 2 3. New York State franchise tax deducted on Federal return. 4. Interest to stackholders \$ less 10% or \$1000 whichever is larger (see instructions). 5. Taxable income (Total Lines 1, 2, 3 and 4). 6. Total capital (enter from Schedule C, line 27). 7. Compensation of officers: (enter from Schedule D, line 30). 8. Taxable income (Ine 5 above). 8. Taxable income (Ine 5 above). 8. Total lines 5 above). 8. Total lines 5 above belance. 9. Total 7 plus 8. 90- 10. Less statutory deduction of \$15,000 (see instructions). 11. Balance. 11. 2. 120- 13. Minimum. 13. \$ 250,00 14. Tax: Largest of lines 5, 6, 12 or 13 above. 15. Prepayments (see instructions). 16. Balance (line 14 less line 15). 17. 0- 18. Additional Charges: Compute on line 16 (see instructions). 19. BALANCE DUE: Jotal of lines 16, 17 and 18. PAY CREDIT to next period REFUND 5. 220 - • CREDIT to next period REFUND 5. 220 - • CREDIT to next period REFUND 5. 220 - • CREDIT to next period REFUND 5. 220 - • CREDIT to next period REFUND 5. 220 - • CREDIT to next period REFUND 20. OVERPAYMENT: Line 15 less line 14. CREDIT to next period REFUND 5. 220 - • CREDIT to next period REFUND 5. 220 - • CREDIT to next period REFUND 5. 220 - • CREDIT to next period REFUND 5. 220 - • CREDIT to next period REFUND 5. 220 - • CREDIT content of credit cases and	<u>x</u> 1120	☐ 1120-S ☐ Cons	solidated Basis		Other			
IMPORTANT - TO AVOID REJECTION, ALL LINES MARKED • MUST BE COMPLETED. USE ZEROS WHERE APPLICABLE. Remit amount shown at line 19, Schedule A. Make check payable to Corporation Tax Bureau SCHEDULE A - COMPUTATION OF TAX AND INCOME	HAS THE INTERNAL REVENUE SERVICE C	ORRECTED ANY REPORTED TAXABLE INCOM	ME NOT PREVIOUS	Y REPORTED?	· · · · · · · · · · · · · · · · · · ·			
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1 5 -0								
2. Interest on Federal, State, Municipal and other obligations not included in line 1 2 3 - 3. New York State franchise tax deducted on Federal return 3 - 4. Interest to stockholders \$ less 10% or \$1000 whichever is larger (see instructions). 4 - • • 5. Taxable income (Total Lines 1, 2, 3 and 4) \$ x 10% • 5 - 0- • 6. Total capital (enter from Schedule C, line 27) \$ -0- x .00178 • 6 - - - - - - - - -	SCHEDULE A - COMPUTATION	ON OF TAX AND INCOME	•					
2. Interest on Federal, State, Municipal and other obligations not included in line 1 2 3 - 3. New York State franchise tax deducted on Federal return 3 - 4. Interest to stockholders \$ less 10% or \$1000 whichever is larger (see instructions). 4 - • • 5. Taxable income (Total Lines 1, 2, 3 and 4) \$ x 10% • 5 - 0- • 6. Total capital (enter from Schedule C, line 27) \$ -0- x .00178 • 6 - - - - - - - - -	1. Federal taxable income before	net operating loss deduction and	special deduction	Ons :		1	\$ -0-	_
3							-	
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7. Compensation of officers: (enter from Schedule D, line 30) 8. Taxable income (line 5 above)								-
R. Taxable income (line 5 above)	6. Total capital (enter from Sche	dule C, line 27)		;	× .00178 ●	6	-	
R. Taxable income (line 5 above)	•			··	-	· ·		
9 -0- 10. Less statutory deduction of \$15,000 (see instructions) 11. Balance	7. Compensation of officers: (en	ter from Schedule D, line 30)			• • • • • • • • • • • • • • • • • • • •	. 7		•
10				•••••••	•••••			
10						9	·····	
12 30% of above balance						10		
13. Minimum 13. \$ 250.00 14. Tax: Largest of lines 5, 6, 12 or 13 above 14. \$ 250	11. Balance	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	**************************************			11		
14. Tax: Largest of lines 5, 6, 12 or 13 above	12. 30% of above balance			<u>-</u>	× 10%	12	-0-	
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15. Prepayments (see instructions) 16. Balance (line 14 less line 15) 17. Interest: Compute on line 16 (see instructions) 18. Additional Charges: Compute on line 16 19. BALANCE DUE: Jotal of lines 16, 17 and 18 20. OVERPAYMENT: Line 15 less line 14 CREDIT to next period REFUND CREDIT to next period SUM NET COMPANY S	13. MINIMUM	***************************************	•••••	•••\$•••	*********	13	\$ 250.00	
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18. Additional Charges: Compute on line 16								_
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SCHEDULE B - ADDITIONAL REQUIRED INFORMATION 21. Compensation of officers deducted on Federal return								
SCHEDULE B - ADDITIONAL REQUIRED INFORMATION 21. Compensation of officers deducted on Federal return	20. OVERPAYMENT: Line 15 les	s line 14	CREDIT	to next period			5	•
21. Compensation of officers deducted on Federal return 532870 21 - • 22 - • 23. Depreciable assets and land 23 - •						20 [5	→
21. Compensation of officers deducted on Federal return	SCHEDULE B - ADDITIONAL	REQUIRED INFORMATION		a milita				
22. Interest deducted on Federal return				 522970		<u>,</u> T	2	
23. Depreciable assets and land				332070 HOLUTA MAN HAN 11111	m		<u> </u>	<u>•</u>
24. Total Receipts (Total income plus cost of goods sold from Federal return).								
	24. Total Receipts (Total income r	Jus. gost of goods sold from Feder	ral, return).	*******************************		1		_

SCHEDULE C - COMPUTATION OF CAPITAL - Enter total assets in columns (a) and (b) from balance sheet of Federal return.

	(a) Beginning of year	(b) End of year	(c) Average Fair Market Valu (see instructions)
25. Total Assets	\$ 100	\$ 100	\$ 100
26. Current Liabilities (see instructions)	0	0	0
27. Total Capital (Line 25 less line 26) - Enter at line 6,			100
28. Issued Capital Stock	100	100	100
29. Paid in Capital, Surplus and Reserves			

SCHEDULE D - OFFICERS (appointed or elected) AND STOCKHOLDERS - Include all officers, whether or not receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation.

Shares, \$

Name and Address - Give actual residence (Attach rider if necessary)	Soc. Şec. Number	Official Title	Salary & All Other Compensation Received from Corporation
Charles A. Gaetano	086-14-0985	President	\$ -0-
Brian A. Gaetano	069-42-1575	Exec. Vice-Pres	0-
Spencer J. Boyce	090-36-4304	Secty-Treas.	-0
30. Total (including any amount on rider.) - Enter at	Line 7 Schodule A		-0-

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

Date Signature of individual or firm preparing this report Preparer's address

File this report with: Corporation Tax Bureau State Campus Albany, New York 12227

Have you signed this report?

Make your check payable to the Corporation Tax Bureau.

Does the amount of your check agree with the Balance Due (Schedule A, Line 19)?

Any correspondence addressed to this Bureau MUST contain your Federal Identification Number and File Number.

STATE OF NEW YORK

Article 9A Tax Law

Corporation Franchise Tax Report

For the Calendar Year 1977 or 12-31-77 Taxable Period Begun 1977. Ended (Please-type or print.) EMPLOYER IDENTIFICATION NUMBER FILE NUMBER OFFICIAL USE ONLY AFFIX PRE-ADDRESSED CT 1197649 **BB 44** LABEL HERE -NAME Schuyler Equipment Company, Inc. NUMBER AND STREET CHECK IF CHANGED SINCE LAST 1506 Whitesboro St. REPORT OR IF LABEL IS INCORRECT: CITY OR TOWN, STATE AND ZIP CODE ___ ADDRESS ___ EMPLOYER NUMBER Utica, New York 13502 MAKE CORRECTION ON LABEL. PRINCIPAL BUSINESS ACTIVITY BUSINESS GROUP CODE NUMBER Holding Company STATE OR COUNTRY OF INCORPORATION DATE DATE BEGAN BUSINESS IN NEW YORK STATE New York 10-19 19 72 10-19 19 72 IF THIS IS THE CORPORATION'S CESSATION RETURN, INDICATE WHETHER Dissolved Withdrawn Merged or Reorganized on . FEDERAL RETURN WAS FILED ON: 1120-S Consolidated Basis Other TOTAL ASSETS (LINE 27 COL. b) HAS THE INTERNAL REVENUE SERVICE CORRECTED ANY REPORTED TAXABLE INCOME NOT PREVIOUSLY REPORTED? \$ IF "YES," SUBMIT COMPLETED FORM CT-3360 YES X NO IMPORTANT - TO AVOID REJECTION, ALL LINES MARKED MUST BE COMPLETED. USE ZEROS WHERE APPLICABLE Remit amount shown at line 21, Schedule A. Make check payable to Corporation Tax Bureau . SCHEDULE A - COMPUTATION OF TAX AND INCOME 1. Federal taxable income before net operating loss deduction and special deductions 2. Interest on Federal, State, Municipal and other obligations not included in line 1 _ 3. New York State franchise tax deducted on Federal return 3 ÷ 4. Interest to stockholders \$ less 10% or \$1000 whichever is larger (see instructions)..... 4 5. Taxable income (Total Lines 1, 2, 3 and 4)..... -0-5 6. Tax based on incomeline 5 -0-6 7. Tax based on capital (enter from Schedule C, Line 29) × .00178 7 -0-8. Compensation of officers: (enter from Schedule D, Line 32) -0-9. Taxable income (Line 5 above) -0-10. Total 8 plus 9 -0-11. Less statutory deduction of \$15,000 (see instructions) 11 12. Balance 12 -0-13. Alternative Base - 30% of Line 12 13 -0--0-15. Minimum Tax \$250.00 16. Tax: Largest of Lines 6, 7, 14 or 15 above 250 17. Prepayments (see instructions) -0-18. Balance (Line 16 less line 17)..... 250 19. Interest: Compute on Line 18 (see instructions)..... 20. Additional Charges: Compute on Line 18 250. CREDIT to next period-22. OVERPAYMENT: Line 17 less line 16 SCHEDULE B-ADDITIONAL REQUIRED INFORMATION 23. Compensation of officers deducted on Federal return 24. Interest deducted on Federal return 24 25. Depreciable assets and land..... 26. Total Receipts (Total income plus cost of goods sold from Federal return).....

SCHEDULE C - COMPUTATION OF CAPITAL - Enter total assets in columns (a) and (b) from balance sheet of Federal return.

	(a) Beginning of yea	r (b) End of year	(c) Average Fair Market Value (see instructions)
27. Total Assets	\$ 100	\$ 100	\$ 100
28. Current Liabilities (see instructions)	0	0	0
29. Total Capital (Line 27 less line 28) - Enter at line 7,	Schedule A -		- 100
30. Issued Capital Stock	100	100	100
31. Paid in Capital, Surplus and Reserves		· · · · · · · · · · · · · · · · · · ·	
CORPORATIONS ORGANIZED OUTSIDE NEW YORK STATE SHOULD COMPLE	TE THE FOLLOWING WITH	RESPECT TO CAPITAL STOCK ISSUED	AND OUTSTANDING:

SCHEDULE D - OFFICERS (appointed or elected) AND STOCKHOLDERS - Include all officers, whether or not receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation.

Shares, \$

; No Par

Soc. Sec. Number	Official Title	Salary & All Other Compensation Received from Corporation
086-14-0985	President	\$ -0-
069-42-1575	Exec. Vice-Pres.	-0-
090-36-4304	Secty-Treas.	-0-
		-0-
	086-14-0985 069-42-1575	086-14-0985 President 069-42-1575 Exec. Vice-Pres. 090-36-4304 Secty-Treas.

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this	report, including any accompanying rider, is to the best	of my knowledge and belief a true, correct and complete report.
(-06	7 2	Secto-Tours.
Date	Signature officer	Official title
Date	Signature of individual or firm preparing this report	Preparer's address

Mail this report to: Processing Unit

P.O. Box 1909

Albany, New York 12201

Have you signed this report?

Make your check payable to the Corporation Tax Bureau.

Does the amount of your check agree with the Balance Due (Schedule A, Line 21)?

Any correspondence addressed to this Bureau MUST contain your Federal Identification Number and File Number.

77.2 (3/	MERGER			RATION TAX BUREAU SOLIDATION NOTIFIC	ATION
	CONSOLIDA	TION			
·	X NAME CHAN	IGE			An prio
NEW NA	AME OR NAME OF	SURVIVOR C			rem
E	CT1197649	BB44	INC. DATE 10-19-72		o i
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	SCHUYLE KERNAN		EMENT COMPANY	, INC.	The
	185 GEN UTICA N		•	13501	to a and imr
		:		•	
	R NAME OR NAME	OF NON-SUR	IVIVING CORPORATION INC. DATE 10-19-72	N]	
L.	SCHUYLE KERNAN 185 GEN UTICA N	ETAL ESEE ST	IENT COMPANY,	INC. 13501	
OWES R	EPORTS FOR PER DEC 77	IIODS			
OWES T	AXES FOR PERIO	os			
OWES L	ICENSE FEE				
WES C	T-3360 REPORTS I	OR PERIOD	s .		
/ML11	= More than one i	enort and/or	tax owed)		

Any delinquencies or liabilities outstanding prior to a name change, merger or consolidation remain liable to the new corporate name or surviving corporation.

Our records indicate that this corporation owes franchise tax reports and/or taxes as indicated.

The necessary forms are enclosed. In order to avoid additional late charges the reports and/or remittances should be submitted immediately in the envelope provided.

KERNAN AND KERNAN, P. C.

COUNSELORS AT LAW BANKERS TRUST BUILDING UTICA, N. Y. 13501

JAMES S. KERNAN, JR.
JOHN E. HUNT
LEIGHTON R. BURNS
LAWRENCE J. GOLDBAS
JAMES W. MORGAN
GREGORY A. HAMLIN
ANDREA LYNCH

EARLE C. BASTOW THOMAS S. KERNAN COUNSEL

AREA CODE 315 UTICA 797-8300 HERKIMER 866-7497

July 17, 1979

Mr. Spencer Boyce Gaetano Construction Company 1506 Whitesboro Street Utica, New York 13502

Re: Schuyler Management Company, Inc.

Dear Spence:

I received the enclosed notice today. As you know Schuyler Equipment Company, Inc. changed its name to Schuyler Management Company, Inc.

I am assuming that no franchise tax return was filed for the original company for 1978 and since the name was changed in January 1979, the notice would apply to the new company. I trust you will take care of this.

Sincerely,

Lawrence J. Goldbas

LJG/ejs Encl.

532871

NOTICE OF FAILURE TO FILE CORPORATION TAX FORM

According to our records, you have not filed a franchise tax report for the period indicated. All New York State corporations are liable for franchise tax even though inactive; all foreign corporations which have activity in New York State are liable for franchise tax. Failure to file reports and pay any tax due subjects a corporation to dissolution or revocation of its authorization to do business as a corporation in New York State.

If you have filed the required report, or if the corporation is defunct, please complete the back of this form and return it to the Corporation Tax Bureau.

EMPLOYER ID NO.	FILE NO.	FORM TO BE FILED	PERIOD ENDED	TAX ART.	TAX SECTION
CT-1197649	BB44	CT-4*	12-31-78	94	

APPLICABLE ONLY IF BOX IS CHECKED
EVEN THOUGH YOU HAVE FILED
AN EXTENSION, YOU MUST STILL
FILE A COMPLETED REPORT

*SEE BACK OF THIS FORM IF FORM TO BE FILED IS:

CT-240, Report of License Fee on
Foreign Corporation
CT-245, Maintenance fee and Activities Report
CT-3360, Report of change of Taxable

TO AVOID CONTINUED ACCRUAL OF INTEREST, file the indicated report without delay. Note instructions on report forms for computing interest and additional charge.

Income by U.S. Treasury Dept.

SCHUYLER MANAGEMENT COMPANY, INC.
KERNAN ETAL
185 GENESEE ST
UTICA NY 13501

IF YOU HAVE FILED THE REQUE	ESTED FORM, complete below:	IF THE CORPORATION IS	S DEFUNCT, complete belo	ow:
DATE FORM WAS FILED	AMOUNT OF REMITTANCE \$	I CERTIFY THAT TH	E CORPORATION IS	DEFUNCT.
PERIOD ENDED	SERIAL NO. STAMPED ON CANCELLED CHECK	SIGNATURE		,
EMPLOYER ID NO. USED ON FORM IF THIS FORM	DIFFERENT FROM NUMBER SHOWN ON FRONT	OF TITLE		DATE
a State other than New York CT-240, and pay a li	ENSE FEE ON FOREIGN CORPOR ork subject to franchise tax under cense fee with their first franchise once, unless there is a change in 181, Article 9, Tax Law)	'Article 9≟or 9A of the tax report. This fee is in	Tax Law, is also req n addition to the annu	quired to file ual franchise

CT-245, MAINTENANCE FEE AND ACTIVITIES REPORT OF FOREIGN CORPORATIONS - Foreign corporations which do not file a franchise tax report must file Form CT-245 annually; when authorized to do business in New York, they must also pay the \$200.00 maintenance fee. (Section 181.2, Article 9, Tax Law)

CT-3360, REPORT OF CHANGE IN TAXABLE INCOME BY U.S. TREASURY DEPARTMENT - All Internal Revenue Service adjustments which affect income must be reported to the Tax Commission within 90 days after the final determination, using Form CT-3360. If the adjustment results in a credit or refund, the report must be filed no later than two years after final determination with a copy of the Federal form evidencing receipt of refund.

CORPORATION TAX BUREA

		CORPO	TATION TAX BUT	IEAÚ		
MERGER	:	MERGER/CO	NSOLIDATION NOT	TIFICATION .	·	
CONSOLIDAT	ION					
X NAME CHAN	3E			prio	r to a name cha	or liabilities outstanding nge, merger or consolidatio
NEW NAME OF NAME OF S	URVIVOR C	ORPORATION	·		ain liable to the iving corporation	new corporate name or on.
CT1197649	BB44	10-19-72				9 r 11
			.	owe		e that this corporation reports and/or taxes
SCHUÝLER	MANAG	EMENT COMPANY	. INC.			
KERNAN E	TAL			The	necessary form	s are enclosed. In order
185 GENE			* * * * * * * * * * * * * * * * * * * *			late charges the reports
UTICA NY		•	135	n and	or remittances	should be submitted
				imm	ediately in the	envelope provided.
FORMER NAME OR NAME CT1197649	OF NON-SUF	RVIVING CORPORATI	ON			
		MENT COMPANY,	INC.			•
KERNAN E						
185 GENE						
UTICA NY	•		135	01		
OWES REPORTS FOR PER	IODS					
DEC 77	DEC 76			•		
			. •			}
OWES TAXES FOR PERIOD	S					
			4			į.
		_		••		*
OWES LICENSE FEE			. • •			

(MUL = More than one report and/or tax owed)

OWES CT-3360 REPORTS FOR PERIODS

STATE OF NEW YORK

CT-4

Corporation Franchise Tax Report

1976

For the Calendar Year 1976 or

Taxable Period	d Begun	1976,	Ended	12-31		19 76	
(Please type or	print) EMPLOYER IDENTIFICATION NUMBER		FILE NUMBER				
File with Corporation Tax	CT 1197649		BB44			OFFICIAL USE ON	NLY
Bureau, State Campus, Albany,	NAME					-	
N.Y. 12227 within 2½ months	•	Compo	mri Tma				
ofter close of report year. CHECK IF CHANGED SINCE LAST	Schuyler Equipment	Compa	my, me.			- `	
REPORT OR IF LABEL IS INCORRECT:	1506 Whitesboro St						
ADDRESS EMPLOYER NUMBER	CITY OR TOWN STATE AND TIP CODE		<u> </u>			-	
MAKE CORRECTION ON LABEL.	Utica, NY 13502					,	
PRINCIPAL BUSINESS ACTIVITY		· · · · · · · · · · · · · · · · · · ·	BU	SINESS GROUP CODE	NUMI	BER (PER FEDERAL RETUR	RN)
Holding Company							•
STATE OR COUNTRY OF INCORPORATION	DATE			DATÉ BÉGA	N BUS	SINESS IN NEW YORK STAT	TE
New York	10-19	19 72	•		10	-19 _{: 19} 72	2
IF THIS IS THE CORPORATION'S CESSAT	TION RETURN, INDICATE WHETHER				+		
Dissolved	Withdrawn		Merged or Re	organized on		19	
FEDERAL RETURN WAS FILED ON:							
<u>X</u> 1120		solidated		Other		——————————————————————————————————————	
HAS THE INTERNAL REVENUE SERVICE O	CORRECTED ANY REPORTED TAXABLE INCO	OME NOT	REVIOUSLY REPORTED	5?		,	
IF "YES", SUBMIT COMPLETED FORM				1		es X No	
IMPORTANT - TO AVOID REJE	CTION, ALL LINES MARKED .	MUST BE	COMPLETED.	USE ZEROS WHI	RE	APPLICABLE.	
	•					REMITTANCE	
Remit amount shown at line 19	, Schedule A. Make check payo	able to C	Corporation Tax B	ureau	-	- \$	•
<u> </u>						<u> </u>	
SCHEDULE A - COMPUTATI	ON OF TAX AND INCOME			•			
7 F 1 . 1							
1. Federal taxable income before	net operating loss deduction and	special	deductions	····	1	\$ -0-	_
2. Interest on Federal, State, Mu	nicipal and other obligations not	included	in line 1		2		
3. New York State tranchise tax	deducted on Federal return		••••••••••	····	3	-	
4. Interest to stockholders \$	less 10% or \$1000 v	vhichever	is larger (see ins	structions).	4		•
5. Taxable income (Total Lines	1, 2, 3 and 4)			× 10% ●	5	-0-	
6 Taa-1		·				<u> </u>	
· · · · · · · · · · · · · · · · · · ·	dule C, line 27)	*************		× .00178 ●	_6_		
7. Compensation of officers: (en	ter from Schedule D, line 30)				7	-0-	
8. Tayable income (line 5 shows)	······································	************				-0-	
9. Total 7 nius 8	***************************************	• • • • • • • • • • • • • • • • • • • •		•	0	-0-	
	5,000 (see instructions)				10	_	
1. Balance	5,000 (see instructions)	***********	***************************************	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-0-	
2. 30% of above balance					11	-0-	
			*****	^_1U%1	14		حسينيس
3. Minimum					13	\$ 250.00	<u> </u>
						<u> </u>	<u> </u>
4. Tax: Largest of lines 5, 6, 12	or 13 above				14	250	•
5. Prepayments (see instructions)					15	. 0	
5. Balance (line 14 less line 15).	***************************************	***********	•••••••••		16	250	
	see instructions)				17		•
	on line 16				18		•
•						:	
BALANCE DUE: Jotal of line	es 16, 17 and 18	••••••••	• • • • • • • • • • • • • • • • • • • •	PAY -	19	250	•
	· · · · · · · · · · · · · · · · · · ·	4					
O. OVERPAYMENT: Line 15 les	s line 14	∫c	REDIT to next p	eriod	\Box	\$	•
			EFUND		20	\$	_
CHEDULE B - ADDITIONAL	REQUIRED INFORMATION				-	. :	
				 -		-	
Lompensation of officers deduc	sted on Federal return		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		21	.	•
. Interest deducted on Federal re	eturn		***************************************		22	•	
Depreciable assets and land	****************],	23	-	•
Total Panatas /T : 1	dus cast of goods sold from Fede	************		·	~ +		<u> </u>

SCHEDULE C - COMPUTATION OF CAPITAL - Enter total assets in columns (a) and (b) from balance sheet of Federal return.

25. Total Assets	(a) Beginning of year	(b) End of year	(c) Average Fair Market Value (see instructions)
26. Current Liabilities (see instructions)	\$ 100 0	\$ 100	\$ 100
27. Total Capital (Line 25 less line 26) - Enter	at line 6 Sahadula 4 11 11 1	0	0
20. Issued Capital Stock	100	100	100
29. Paid in Capital, Surplus and Reserves			100
CORPORATIONS ORGANIZED OUTSIDE NEW YORK STATE SHOULD Par Shares, \$		ECT TO CAPITAL STOCK ISSU	ED AND DUTSTANDING:
	; No Par	Shares.	\$

SCHEDULE D - OFFICERS (appointed or elected) AND STOCKHOLDERS - Include all officers, whether arnot receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation

Name and Address - Give actual residence (Attach rider if necessary)	Soc. Sec. Number		Salary & All Other
(Attach Fider IT necessary)	Joe. Sec. Number	Official Title	Compensation Received from Corporation
Charles A. Gaetano	086-14-0985	President	\$ -0-
Brian A. Gaetano	069-42-1575	Exec. Vice-Pres	
Spencer J. Boyce	090-36-4304	Secty-Treas.	-0-
30. Total (including any amount on rider.) - Enter at L	ine 7, Schedule A —		-0

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

Date Signature of individual or firm preparing this report

Official fifte

Preparer's address

File this report with: Corporation Tax Bureau State Campus Albany, New York 12227

Have you signed this report?

Make your check payable to the Corporation Tax Bureau.

Does the amount of your check agree with the Balance Due (Schedule A, Line 19)?

Any correspondence addressed to this Bureau MUST contain your Federal Identification Number and File Number.

STATE OF NEW YORK Corporation Franchise Tax Report

Tax Law				•			
		lendar Year 19		/ i	•		
	d Begun /-/- 8	1977,	Ended	1-31-1	<u> </u>	_ 19_	
(Please type or	print.) EMPLÖYER IDENTIFICATION NUMBER						
AFFIX PRE-ADDRESSED		FILE N				OFFICIAL USE	ONLY
LABEL HERE	CT 1197649	B	B 44			_	
CABLE HERE	1						
	Schuyler Equipment	Company,	Inc.			_	
CHECK IF CHANGED SINCE LAST							
REPORT OR IF LABEL IS INCORRECT:	1506 Whitesboro St	<u>. </u>				1	
ADDRESS EMPLOYER NUMBER	1	. = -	,				
MAKE CORRECTION ON LABEL.	Utica, New York 13	3502	· · · · · · · · · · · · · · · · · · ·				
PRINCIPAL BUSINESS ACTIVITY			BUSINESS GRO	UP CODE NUMBER	₹ -		
Holding Company					•		
STATE OR COUNTRY OF INCORPORATION	DATE	DA	TE BEGAN BUSIN	ESS IN NEW YOR	K STATI	Ē	
New York	10-19	19 72		10-19 1	72		
IF THIS IS THE CORPORATION'S CESSA	FION RETURN, INDICATE WHETHER						
☐ Dissolved	☐ Withdrawn		Merged or Reorg	janized on		1	9
FEDERAL RETURN WAS FILED ON:					······································		
X 1120		nsolidated Ba		Other			
	CORRECTED ANY REPORTED TAXABLE INC	OME NOT PREVIO	USLY REPORTED	? .		TOTAL ASSETS (LINE	27 COL. Ы
IF "YES," SUBMIT COMPLETED FORM		YES	X NO			\$,
IMPORTANT - TO AVOID REJE	CTION, ALL LINES MARKED .	UST BE COM	PLETED. US	E ZEROS WHI	ERE A	PPI ICABI E	
						REMITTANC	E
Remit amount shown at line 21,	Schedule A. Make check payable	e to Corporatio	n Tax Bureau		-	\$	•
	·						
SCHEDULE A - COMPUTAȚI	ON OF TAX AND INCOME						
1 Federal touchte : Late						T	
2 Interest on Federal State M	re net operating loss deduction a	ınd special dec	luctions		[_1_	\$ -0-	•
3 Now York Same from this and	unicipal and other obligations no	ot included in	ine 1	•••.	2	-	
A lease the start like it is	c deducted on Federal return	• • • • • • • • • • • • • • • • • • • •		•••••	. 3	-	
5. Tauable in smockholders \$	less 10% or \$1000	whichever is	larger (see in	structions)	. 4	-	•
4 Table Income (Intal Lines	; 1, 2, 3 and 4)		······································		. 5	-0-	•
				<u>× 10%</u>	6	-0-	
7. Iax pased on capital (enter t	from Schedule C, Line 29)		-0-	×.00178	7	*	
				. <u>.</u> .			
8. Compensation of officers: (er	nter from Schedule D, Line 32)		• • • • • • • • • • • • • • • • • • • •		. 8	-0-	
9. Taxable income (Line 5 abov	'è)	***************************************		****	9	-0-	
IO. Total 8 plus 9					10	-0-	
 Less statutory deduction of \$ 	15,000 (see instructions)	*************************			111	-	
2. Balance	***************************************				12	-0-	
3. Alternative Base - 30% of Lit	ne 12	• • • • • • • • • • • • • • • • • • • •		•••••	13	-0-	
4. Tax based on Alternative Bas	e		line 13	× 10%	14 ·	-0-	
5. Minimum Tax					15	\$250.0	0
	·	<u> </u>	·		<u> </u>		
6. Tax: Largest of Lines 6, 7,	14 or 15 above				16	250	•
7. Prepayments (see instructions	s) <u>.</u>				17	-0-	•
8. Balance (Line 16 less line 17	′)				18	250	
9. Interest: Compute on Line 18	(see instructions)	·			19	,,	•
Additional Charges: Compute	on Line 18		• • • • • • • • • • • • • • • • • • • •		20		
•		•	1				
1. BALANCE DUE: Total of Li	nes 18, 19 and 20	***************	P	AY	21	250	•
2. OVERPAYMENT: Line 17 le	ss line 16	CREDI	T to next peri	od — — —	22	\$	•
	ss line 16	REFUN	D		**	\$	•
CHEDULE B-ADDITIONAL	REQUIRED INFORMATION						
2 (,		
4. Interest deducted as Endage	icted on Federal return	***************************************	***************************************		23		•
4. Interest deducted on Federal :	return	······································	······································	*****	24		•
5. Depreciable assets and land	3		••••••		25	_	•

SCHEDULE C - COMPUTATION OF CAPITAL - Enter total assets in columns (a) and (b) from balance sheet of Federal return

	(a) Beginning of year	(b) End of year	(c) Average Fair Market Valu (see instructions)
27. Total Assets	\$ 100	\$ 100	\$ 100
28. Current Liabilities (see instructions)		0	0
29. Total Capital (Line 27 less line 28):- Enter at line			100
30. Issued Capital Stock		100	100
31. Paid in Capital, Surplus and Reserves			
CORPORATIONS ORGANIZED OUTSIDE NEW YORK STATE SHOULD COMP	LETE THE FOLLOWING WITH RESPI	ECT TO CAPITAL STOCK ISSUED A	ND OUTSTANDING:
Par Shares, \$; No Par	Shares, \$	
SCHEDULE D - OFFICERS (appointed or elected) compensation, and every stockholder owning more Name and Address - Give actual residence (Attach rider if necessary)	than 5% of taxpayer's issues Soc. Sec. Number	Official Title	eived any compensation Salary & All Other Compensation Received from Corporation
Charles A. Gaetano	086-14-0985	President	\$ -0-
Brian A. Gaetano	069-42-1575	Exec. Vice-Pres.	-0-
Spencer J. Boyce	090-36-4304	Secty-Treas.	-0-
32. Total (including any amount on rider.) - Enter at	Line 8, Schedule A		-0-
hereby certify that this report, including any occompanions of the Signature of Signature of Individual or firm)		, correct and complete report. عرص

Mail this report to: Processing Unit

P.O. Box 1909

Albany, New York 12201

Have you signed this report?

Make your check payable to the Corporation Tax Bureau.

Does the amount of your check agree with the Balance Due (Schedule A, Line 21)?

Any correspondence addressed to this Bureau MUST contain your Federal Identification Number and File Number.

KERNAN AND KERNAN, P. C.

COUNSELORS AT LAW BANKERS TRUST BUILDING UTICA, N. Y. 13501

JAMES S. KERNAN, JR.
JOHN E. HUNT
LEIGHTON R. BURNS
LAWRENCE J. GOLDBAS
JAMES W. MORGAN
GREGORY A. HAMLIN
ANDREA LYNCH

EARLE C. BASTOW THOMAS S. KERNAN COUNSEL

AREA CODE 315 UTICA 797-8300 HERKIMER 866-7497

January 31, 1979

Mr. Spencer J. Boyce Charles A. Gaetano Construction Corp. 1506 Whitesboro Street Utica, New York 13502

RE:

Schuyler Management Company, Inc.

Dear Spence:

Enclosed is a copy of the receipt issued by the Department of State showing the filing of the certificate of amendment for the above on January 24, 1979.

We received the check you sent us for the new seal, etc. and have forwarded it to the New York company.

Sincerely yours,

KERNAN AND KERNAN, P. C.

Lawrence J. Goldbas

LJG:d Enc.

RECEIVED

Miles A. Gaetano Construction Con

FEB 11979

	NYS DEPARTME	NT OF STATE	The second secon
PILING RECEIPT	CHANGING NAME & I	PURPOSES & POWERS (BUS)
CORPORATION NAME	and the second s		
	NAGEMENT COMPANY. INC.		
DATE FILED	DURATION & COUNTY CODE	FILMNUMBER	CASH NUMBER
01/24/79	HERK	A547056-6	₹6756 · · · · · · · · · · · · · · · · · · ·
NUMBER AN	D KIND OF SHARES	LOCATION OF P	RINCIPAL OFFICE
COMMENTS:			, , , , , , , , , , , , , , , , , , , ,
D			(, , , , , , , , , , , , , , , , , , ,
ADDRES!	S FOR PROCESS	REGISTE	RED AGENT
FEES AND/OR TAX PAID AS FOL	LOWS:		(((((((((((((((((((
AMOUNT OF CHECK\$ 0003	0.00 AMOUNT OF MONEY ORDE	R \$ AMC	DUNT OF CASH \$
5 6 • 00 DOLLAR F	EE TO COUNTY	\$ C	AX ERTIFIED COPY
KERNAN AND KERNA 185 GENESEE ST.	N	TOTAL PAYMENT \$	0000030.00
UTICA	NY 13501	REFUND OF\$	TO FOLLOW DC
G030-518 (1/78)	BASIL A PATERSON	- SECRETARY OF STA	TE U

KERNAN AND KERNAN, P. C.

COUNSELORS AT LAW BANKERS TRUST BUILDING UTICA, N. Y. 13501

JAMES S. KERNAN, JR.
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ANDREA LYNCH

EARLE C. BASTOW THOMAS S. KERNAN COUNSEL

AREA CODE 315 UTICA 797-8300 HERKIMER 866-7497

January 29, 1979

Mr. Spencer J. Boyce Charles A. Gaetano Construction Corp. 1506 Whitesboro Street Utica, New York 13502

RE:

Schuyler Management Company, Inc.

Dear Spence:

We have just received a call from our Albany representative stating that the certificate of amendment has been filed with the Department of State changing the name of Schuyler Equipment Company, Inc. to the above.

As soon as I forward the check to the legal stationery company in New York, they will send us the new stock certificates, etc.

If you have any questions, give Mr. Goldbas a call.

Sincerely yours,

Dawn_

KERNAN AND KERNAN, P. C.

Secretary to Mr. Goldbas

/d

RECEIVED

**MesA.GoetanoConstruction &

JAN 3 0 1979

**Mark Proposition Prop

CORPORATE RESOLUTION - DEPOSIT ACCOUNT

I HEREBY CERTIFY TO BANK OF			of the Board of
Directors of Schuyler Manag A CORPORATION organized unde			duly
called (a quorum being prese	ent) and held at	the office of said corpor	
Genesee St., Utica, N.Y.	on the 1	9th day of January	, 19 79
THE FOLLOWING resolutions we	ere duly adopted	and are now in full force	and effect:
RESOLVED, that the above ban funds of this corporation de notes, drafts, bills of exch ment of money when signed or ing officers to wit:	eposited in said nange, acceptance	Bank be subject to withdres, undertakings or other	awal upon checks, orders for the pay- of its follow-
NAME	TITLE	NAME	TITLE
Charles A. Gaetano	President		
Brian A. Gaetano	Exec. V.P.		
Spencer J. Boyce	Secty-Treas.		
ceive the same for credit of quiry as to the circumstance to the individual order of a obligation. RESOLVED, that any check her may be signed with the facsi signatories of this corporat	es of issue or the lany signing office of the land of the land the Bank the	ne disposition of the processor or tendered in payment to be drawn in the name of or signatures of any of the shall be entitled to cha	eeds even if drawn of his individual this corporation e duly designated rge any such check
to this corporation's account ported facsimile signature of signature or signatures rese the Bank by the Secretary or	or signatures the emble the facsim	ereon may have been affixe le specimens duly certifi	d thereto, if such ed to or filed with
RESOLVED, that the foregoing revocation has been delivere			written notice of
RESOLVED, that the secretary to the above bank, the foreg formity with the charter and	oing resolutions	and that the provisions	authorized to certif thereof are in con-
I FURTHER CERTIFY that there limiting the power of the bo the same are in conformity w	pard of directors	to pass the foregoing re	solutions and that
IN WITNESS WHEREOF, I have h fixed the corporate seal thi			corporation and af- 19 <u>79</u> .
(CORPORATE SEAL)		Sin /	> ₹

CORPORATE RESOLUTION - DEPOSIT ACCOUNT

I HEREBY CERTIFY TO BANK OF Directors of Schuyler Manage A CORPORATION organized unde called (a quorum being prese Genesee St., Utica, N.Y. THE FOLLOWING resolutions we	ement Company, I r the laws of th nt) and held at	nc. ne State of <u>New York</u> the office of said corpora	duly
RESOLVED, that the above ban funds of this corporation de notes, drafts, bills of exch ment of money when signed on ing officers to wit:	k be designated posited in said ange, acceptance	as a depository of this co Bank be subject to withdra es, undertakings or other o	orporation and that awal upon checks, orders for the pay- of its follow-
NAME	TITLE	NAME	TITLE
Charles A. Gaetano	President		
Brian A. Gaetano	Exec. V.P.		4
Spencer J. Boyce	Secty-Treas.	•	
openeer of boyee	beerly II cas.		
ceive the same for credit of quiry as to the circumstance to the individual order of a obligation. RESOLVED, that any check here may be signed with the facsis signatories of this corporat to this corporation's account ported facsimile signature or signatures reset the Bank by the Secretary or	s of issue or the ny signing office with authorized to mile signature of the Bank to regardless of the signatures the mole the facsimi	to be drawn in the name of the processor or tendered in payment to be drawn in the name of the signatures of any of the shall be entitled to char by whom or by what means the specimens duly certification.	this corporation de duly designated rge any such check the actual or purity thereto, if such ed to or filed with
RESOLVED, that the foregoing revocation has been delivere			written notice of
RESOLVED, that the secretary to the above bank, the foreg formity with the charter and	oing resolutions	and that the provisions t	
I FURTHER CERTIFY that there limiting the power of the bo the same are in conformity w	ard of directors	to pass the foregoing res	solutions and that
IN WITNESS WHEREOF, I have he fixed the corporate seal this		and as secretary of said of the said of th	corporation and af- 19 <u>79</u> .
(CORPORATE SEAL)		Sin /	> ą

KERNAN AND KERNAN, P. C.

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ANDREA LYNCH

EARLE C. BASTOW THOMAS S. KERNAN COUNSEL

AREA CODE 315 UTICA 797-8300 HERKIMER 866-7497

January 18, 1979

Mr. Spencer J. Boyce Charles A. Gaetano Construction Corp. 1506 Whitesboro Street Utica, New York 13502

RE: Schuyler Equipment Company, Inc. Change of name, etc.

Dear Spence:

Enclosed is proposed certificate of amendment relative to the above. If it is acceptable, you and Mr. Gaetano should sign in two places (once on page 4 and once on page 5) before a Notary and return it to me.

We will also need a check from you for \$50.00 to cover the filing fee and services of our Albany representative.

This morning, I called to check on the Cornhill incorporation, and they said it had been approved by the Department of State on January 12, but not filed, due to the fact that they are having problems with audits, etc. and have not issued filing receipts for some time. Therefore it may be two or three more days before we get final word.

They are also checking Schuyler Holding Company, Inc. for us as to name availability, and feel there should be no conflict with Schuyler Management if the name is available.

Sincerely yours,

KERNAN AND KERNAN, P. C.

- Line in the second

Secretary to Mr. Goldbas

/d Enc.

532872

CERTIFICATE OF AMENDMENT OF THE CERTIFICATE OF INCORPORATION

OF

SCHUYLER EQUIPMENT COMPANY, INC.

Under Section 801 of the Business Corporation Law

We, Charles A. Gaetano, and Spencer J. Boyce III, being respectively the President and Secretary of Schuyler Equipment Company, hereby certify:

- 1. The name of the corporation is: SCHUYLER EQUIPMENT COMPANY, INC.
- 2. The certificate of its incorporation was filed by the Department of State on October 19, 1972.
- 3. The certificate of incorporation of Schuyler Equipment Company,
 Inc. is hereby amended to effect a corporate name pursuant to Section 801(b)(1)
 of the Business Corporation Law, and to effect a change in corporate
 purposes pursuant to Section 801(b)(2) of the Business Corporation Law.
- 4. Paragraph 1 of the certificate of incorporation is hereby amended as follows:
- "1. The name of the corporation is: SCHUYLER MANAGEMENT COMPANY, INC."
- 5. Paragraph 2 of the certificate of incorporation is hereby amended as follows:
 - "2. The purposes for which the corporation is formed are:

To act as public relations and research counselors and promotion, merchandising and industrial counselors and business consultants, and in connection therewith to render management, negotiation, research, technical and advisory services to persons, firms, corporations and others in connection with their relations with employees, associates, stockholders, governmental officials and agencies, and the general public and any person or special group.

To serve in an advisory, managerial and consultative capacity to corporations, associations, partnerships, individuals and others, and to establish and maintain bureaus, departments and laboratories for industrial, financial, statistical, inventory and other research work, and to engage generally in the business of providing, promoting and establishing systems, methods and controls for industrial and managerial efficiency and operations.

To investigate systems, methods and controls of manufacturing, plant operations, packing, storing, shipping, marketing, inventories, accounting and other integral operations to any and all types of businesses and to make recommendations, revise, adapt, modernize and establish economies to effect industrial and managerial efficiency and in connection therewith to take over the entire operation and business of any type of industry or other forms of endeavor and to do all such things and to perform all such services as may be necessary to carry out the foregoing purposes.

To devise, develop, create, inaugurate and contract for the establishment, installation and sale and rental of systems, methods and

controls for efficient operation and management of industrial manufacturing, mercantile, commercial or other business concerns, firms, partnerships, associations and corporations and to provide, make available and furnish maintenance and supervision, and to train and instruct individuals in the operation, installation and maintenance of such systems, methods and controls.

So far as authorized by the law under which this certificate is drawn; to examine and inspect the books and accounts of others, to devise and install financial, checking, correspondence, filing and other office and business systems; to take inventories; make appraisals; to compile statistics as an aid to the officers of the corporations and other persons in the making of reports and statements; to do all such things and perform or supply all such services as are commonly done, performed or supplied by business management experts; to warrant the accuracy of the work done or services performed by it, but not to engage in the practice of accounting.

To buy, sell, mortgage, exchange, lease, hold for investment, or otherwise deal in real estate of all kinds, improved or unimproved, and any right or interest therein.

To make all contracts and to do all things proper, incidental, and conducive to the complete attainment of such purposes; to do all of the things that are ordinarily done by those engaged in the same business,

and to have and exercise the powers conferred by the State of New York upon corporations formed under the act hereinbefore referred to, and to do any and all of the things hereinbefore set forth to the same extent as natural persons might or could do."

6. This amendment was authorized by the affirmative vote of the holders of all outstanding shares entitled to vote thereon at a meeting of the shareholders of said corporation duly called and held on the 15th day of December, 1978, a quorum being present.

IN WITNESS WHEREOF, we have executed this Certificate this day of January, 1979.

Charles A. Gaetano

ځ (

Spencer J. Boyce III

STATE OF NEW YORK)

County of Oneida)

ss.:

Charles A. Gaetano and Spencer J. Boyce III, being duly sworn, depose and say and each of them deposes and says: That he, Charles A. Gaetano, is the President, and he, Spencer J. Boyce III, is the Secretary of Schuyler Equipment Company, Inc., the corporation, and the persons who signed the foregoing certificate of amendment and know the contents thereof, and that the same is true to each of his own

CHARLES TOWN
311 TURNER STREET
UTICA, NEW YORK 13501

TATE INVOICE AMOUNT

091

PAY	7 8N19	7970 C	O DOLS	OO crs		DOLLARS
DATE	- TO THE ORDER OF	CHECK	GROSS OTHER	AMOUNT	DISCOUNT	CHECK AMOUNT
1-19-79	Kernan & Kernan	091	50 00			50 co
			*		1	
			arang ar		**	•

BANK OF UTICA UTICA, NEW YORK

0213113834 04…63

candles and other things; to manufacture the waste from said hides and tallow into by-products and to sell the same.

Holding Company

To acquire by subscription, purchase or otherwise, to hold for investment or for resale; to sell, pledge, hypothecate and in all ways deal with: stocks, shares, script, bonds, consols, debentures, mortgages, notes, trust receipts, certificates of indebtedness, interim receipts and other obligations and securities of corporations, private, public, quasipublic or municipal, foreign or domestic. To collect the interest and dividends on its holdings and the principal thereof when due. To do all things suitable and proper for the protection, conservation or enhancement of the value of stocks, shares, securities, evidences of indebtedness or other properties held by it, including the exercise of the right to vote thereon. To bid upon and purchase at foreclosure or at other sales, whether public or private, real property and rights or interests therein of all kinds.

This corporation may purchase, acquire, hold and dispose of the stocks, shares, bonds and other evidences of indebtedness of any corporation, domestic or foreign, and issue in exchange therefor its shares, bonds or other obligations.

Hose and Accessories

To manufacture, buy, sell and generally deal in rubber, canvas, metal and other kinds of hose for transmitting fluid, gas or air, and coupling connections, nozzles and all other things used or usable with said hose. To acquire all real property and equipment necessary to conduct the business.

Hotel or Motel

To acquire real property by purchase, lease or otherwise; to erect, repair and maintain hotel and motel buildings, garages, and other structures thereon. To conduct a general hotel, motel, restaurant and case business. To establish, maintain and operate newstands, tobacco counters, novelty shops, theater ticket agencies, barber shops, hair-

port, export, trade and deal in all kinds of pipes, tubes and conduits, and any and all products of cement, concrete, iron, steel, copper, zinc, clay or other substances capable of being utilized or made into agencies for the conveyance of steam, gas, oil, water or other fluids, and for enclosing, protecting or insulating electric or other wires, for pneumatic systems, and other purposes; also, to install, apply and deal in insulating materials of every description.

Confectioners' Supplies and Tools

To design, invent, manufacture, buy, sell and generally deal in candy-mixing machines, kettles, furniture, ovens, papers, knives, moulds, spoon shovels, and other devices, equipment, supplies and accessories usable or which may be used by confectioners. To buy, sell and generally deal in, sugar, molasses, flavoring extracts and other foodstuffs used by confectioners.

Construction, Owning and Operating Buildings

To acquire, by purchase or lease, or cause to be erected, on any lands owned, held or occupied by the corporation, buildings or other structures, with their apurtenances, and to manage, operate, lease, rebuild, enlarge, alter or improve any buildings, or other structures, now or hereafter erected on any lands so owned, held or occupied, and to mortgage, sell, lease or otherwise dispose of any lands or interests in lands, and any buildings or other structures, and any stores, shops, suites, rooms or part of any buildings or other structures, at any time owned or held by the corporation;

To acquire, by purchase or lease or manufacture, or otherwise, any personal property deemed necessary or proper or useful in the equipment, furnishing, improvement, development or management of any property, real or personal, at any time owned, held or occupied by the corporation and to invest, trade and deal in any personal property deemed beneficial to the corporation, and to mortgage, pledge, sell, let or otherwise dispose of any personal property at any time owned or held by the corporation.

To make and carry or paths, railros fortifications, nels, subway ural, construelectrical and every part of produce, but materials, subwayers electricians, and deal in equipment a

To engage builders, pa dredgers, e makers, plu contractors, layers, hod and gravel num, brass, and process welders, ma ing and air ing and fire hangers, d outfitters fo all other se products in phase of the otherwise a pave, mine

rebuild, re

Magnetos, Ignition Systems, Self-Starters, Etc.

To deal in, purchase, manufacture, hold, own, sell, or otherwise dispose of, repair, exchange, import and export all kinds of magnetos, electric motors, and dynamos, including particularly ignition systems, self-starters, lighting systems, combined starting and lighting systems, impulse starters and other electrical appliances and supplies for use on automobiles, trucks, airplanes, or internal-combustion engines, and other electrical appliances, equipment or supplies and motors, machines, engines or contrivances for the generation of power from electricity, steam, gasoline or other sources now known or which may hereafter be discovered, and to purchase, manufacture and sell all kinds of tools, machinery, machine supplies and engineering appliances and accessories and all kinds of goods, wares and merchandise necessary or incidental to the manufacture, purchase, sale, storage, repair, operation or equipment of airships, airplanes, automobiles, boats, magnetos, motors, engines and machinery of any and all kinds.

Mail Tubes, Chutes, and Boxes

To design, manufacture, buy and sell and deal in and to construct or erect mail chutes in office buildings, stores and other buildings for the purpose of transferring mail from one floor to another, mailing boxes, mailing tubes and other things and devices in which to pack articles, for transportation by means of the mail.

Management Experts, Business

To act as public relations and research counselors and promotion, merchandising and industrial counselors and business consultants, and in connection therewith to render management, negotiation, research, technical and advisory services to persons, firms, corporations and others in connection with their relations with employees, associates, stockholders, governmental officials and agencies, and the general public and any person or special group.

To serve in an advisory, managerial and consultative capacity to corporations, associations, partnerships, individuals and others, and to establish and maintain bureaus, departments and laboratories for industrial, financial, statistical, inventory and other research work, and to engage generally in the business of providing, promoting and establishing systems, methods and controls for industrial and managerial efficiency and operations.

To investigate systems, methods and controls of manufacturing, plant operations, packing, storing, shipping, marketing, inventories, accounting and other integral operations to any and all types of businesses and to make recommendations, revise, adapt, modernize and establish economies to effect industrial and managerial efficiency and in connection therewith to take over the entire operation and business of any type of industry or other forms of endeavor and to do all such things and to perform all such services as may be necessary to carry out the foregoing purposes.

To devise, develop, create, inaugurate and contract for the establishment, installation and sale and rental of systems, methods and controls for efficient operation and management of industrial manufacturing, mercantile, commercial or other business concerns, firms, partnerships, associations and corporations and to provide, make available and furnish maintenance and supervision, and to train and instruct individuals in the operation, installation and maintenance of such systems, methods and controls.

So far as authorized by the law under which this certificate is drawn; to examine and inspect the books and accounts of others, to devise and install financial, checking, correspondence, filing and other office and business systems; to take inventories; make appraisals; to compile statistics as an aid to the officers of the corporations and other persons in the making of reports and statements; to do all such things and perform or supply all such services as are commonly done, performed or supplied by business management experts; to warrant the accuracy of the work done or services performed by it, but not to engage in the practice of accounting.

Manganese

To acquire, by purchase or otherwise, lands containing manganese ore and to mine, smelt and refine manganese ore; to manufacture

KERNAN AND KERNAN, P. C.

COUNSELORS AT LAW BANKERS TRUST BUILDING UTICA, N. Y. 13501

JAMES S. KERNAN, JR.
JOHN E. HUNT
LEIGHTON R. BURNS
LAWRENCE J. GOLDBAS
JAMES W. MORGAN
GREGORY A. HAMLIN
ANDREA LYNCH

EARLE C. BASTOW THOMAS S. KERNAN COUNSEL

AREA CODE 315 UTICA 797-8300 HERKIMER 866-7497

January 17, 1979

Mr. Spencer J. Boyce Charles A. Gaetano Construction Corp. 1506 Whitesboro Street Utica. New York 13502

RE: Schuyler Equipment Company, Inc.

Dear Spence:

Enclosed is a franchise tax search for the above corporation showing that franchise tax returns and taxes are due for the periods ending 12/31/76 and 12/31/77.

Also enclosed are three sample purpose clauses which may apply to the type of business which you wish the corporation to carry on. Please give me a call as soon as you have read these and let me know which one is best suited.

In order to complete the certificate changing the name of the corporation, etc. we will also need the following:

- 1. Name(s) of stockholder(s)
- 2. Names of officers and the office held by each.

Give me a call and we can go over this. Thanks.

Sincerely,

KERNAN AND KERNAN, P. C.

Secretary to Mr. Goldbas

/d Enc.

	I La Balana	IF THE CORPORATION IS DEFUNCT.	omplete below:
F YOU HAVE FILED THE REQUESTED		I CERTIFY THAT THE CORPOR	
	\$ SERIAL NO. STAMPED ON CANCELLED CHECK	SIGNATURE (MILL)	DATE /
EMPLOYER ID NO USED ON FORM IF DIFFER. THIS FORM	ENT FROM NUMBER SHOWN ON FRONT OF		12/1/77

CT-240. REPORT OF LICENSE FEE ON FOREIGN CORPORATIONS - Every corporation organized under the laws of a State other than New York subject to franchise tax under Article 9 or 9A or the Tax Law, is also required to file Form CT-240, and pay a license fee with their first franchise tax report. This fee is in addition to the annual franchise tax, and is payable only once, unless there is a change in the capital structure or the capital stock employed in New York State. (Section 181, Article 9, Tax Law)

CT-245, MAINTENANCE FEE AND ACTIVITIES REPORT OF FOREIGN CORPORATIONS - Foreign corporations which do not file a franchise tax report must file Form CT-245 annually; when authorized to do business in New York, they must also pay the \$200.00 maintenance fee. (Section 181.2, Article 9, Tax Law)

CT-3360, REPORT OF CHANGE IN TAXABLE INCOME BY U.S. TREASURY DEPARTMENT - All Internal Revenue Service adjustments which affect income must be reported to the Tax Commission within 90 days after the final determination, using Form CT-3360. If the adjustment results in a credit or refund, the report must be filed no later than two years after final determination with a copy of the Federal form evidencing receipt of refund.

532873

New York State Corporation Tax Bureau - State Campus - Albany, New York 12227

NOTICE OF FAILURE TO FILE CORPORATION TAX FORM

According to our records, you have not filed a franchise tax report for the period indicated. All New York State corporations are liable for franchise tax even though inactive; all foreign corporations which have activity in New York State are liable for franchise tax. Failure to file reports and pay any tax due subjects a corporation to dissolution or revocation of its authorization to do business as a corporation in New York State.

If you have filed the required report, or if the corporation is defunct, please complete the back of this form and return it to the Corporation Tax Bureau.

TORM TO BE SUED, PERIOD ENDED . TAX ART, TAX SECTION	EVEN THOUGH YOU HAVE FILED
EMPLOYER ID NO. FILE NO. FORM TO BE FILED PERIOD ENDED . TAX ART. TAX SECTION	EVEN THOUGH YOU HAVE FILED AN EXTENSION. YOU MUST STILL
	FILE A COMPLETED REPORT

SCHUYLER EQUIPMENT COMPANY, INC.

1506 WHITESBORD STUTICA NY

13502

* If form to be filed is CT-240, CT-245 or CT-3360, see information on back of this form.

TO AVOID CONTINUED ACCRUAL OF INTEREST, file the indicated report without delay. Note instructions on report forms for computing interest and additional charge.

CT-155 (8/76)

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

Wie fres

SIGNATURE OF OFFICER

4/16 Pole Fais of ARX

3-376

DATE

INSTRUCTIONS FOR NEW YORK STATE CORPORATION TAX FORM CT-4

1. CORPORATIONS ELIGIBLE TO FILE THIS REPORT:

This report form is for use by corporations taxable under Tax Law Article 9-A having only business capital and no place of business outside New York State, except omnibus corporations, real estate investment trusts, domestic international sales corporations (DISCS), stockholders in DISCS, and those:

- a. Having a tax in excess of \$1,000.00, or an estimated tax of more than \$1,000 on Application for Extension, Form CT-5, if filed.
- Claiming net operating loss deduction, optional depreciation deduction, adjustment for waste treatment or air pollution control facilities, credit for eligible business facility, or investment credit.

Tax Exempt DISCS must file Form CT-3B. Corporate stockholders in Tax Exempt DISCS must file Forms CT-3 and CT-3C. All other corporations taxable under Article 9-A, not eligible to file this form, must file Form CT-3. Forms may be obtained from the Corporation Tax Bureau of any district office of the Department of Taxation and Finance.

Corporations which have elected to file Form 1120-S, U.S. Small Business Corporation Income Tax Return, with the U.S. Treasury Department, and are subject to the franchise tax imposed by Article 9-A must file Form CT-4 or CT-3. The Taxable Income reported on Form 1120-S should be entered at Item 1, Schedule B on Form CT-4 or CT-3. Such corporations must attach copy of all pages of their Federal Return.

SCHEDULE A

- 2. Item 3: If report is for less than a year, the \$15,000 exclusion is prorated proportionally. Professional Service Corporations formed on or after May 19, 1970 under Article 15 of the Business Corporation Law are not subject to this alternative tax. Section 210.1-b, Tax Law. Such corporations should leave item 2 blank and enter the initials "PC" in item 3, Schedule A.
- 3. Item 4: The tax rate for cooperative housing corporations as defined in the Internal Revenue Code is four-tenths of one mill. Section 210.1 (a) (2), Tax Law.
- 4. Item 7: The amount entered at this item should be the total of all payments made for the period covered by this report. <u>Do not</u> use this form if an amount of installment was entered at Item 3 on Application for Extension, Form CT-5. See instruction 1a.
- 5. Item 9: If the tax is not paid on or before the due date (determined without regard to any extension of time) interest at 8.5% per year must be paid on the amount of the underpayment from the due date to the date paid. Section 1084, Tax Law.
- 6. Item 10: ADDITIONAL CHARGE
 - a. In case of failure to file a return when due or if the application for extension is invalid, add to the tax, less any payments made on or before the due date, 5 % per month up to 25 %.
 - b. In case of failure to pay the tax shown on a return, add to the tax, less any payments made, ½ % per month up to 25 %.
 - c. The total of the additional charges in a. and b. may not exceed 5% for any one month.

If you think you are not liable for these additional charges, attach a statement to your return explaining the delay in filing and/or payment. Section 1085, Tax Law.

SCHEDULE B

7. Item 3: Enter here all interest paid or accrued on indebtedness directly or indirectly owed to any stockholder (including subsidiaries of a corporate stockholder) or members of his immediate family, owning in the aggregate in excess of 5% of the issued capital stock of the taxpayer. For purposes of this item, "immediate family" consists of brothers and sisters of the whole or half blood, spouse, ancestors and descendants. If no such interest was paid or accrued, enter "none".

SCHEDULE C

- 8. Item 1 and Item 6, column (c), Total assets and depreciable assets and land: The fair market value of any asset is the price (without any encumbrance, whether or not the taxpayer is personally liable) at which a willing seller, not compelled to sell, will sell, and a willing purchaser, not compelled to buy, will buy. Average fair market value is generally computed on a quarterly basis where the taxpayer's usual accounting practice permits. A more frequent basis (monthly, weekly or daily) may be used. Where the taxpayer's usual accounting practice does not permit computation of average fair market value on a quarterly or more frequent basis, a semi-annual or annual basis may be used if no distortion of average fair market value results.
- 9. Item 2, Current Liabilities: Include only liabilities maturing in one year or less from date originally incurred. Do not include loans or advances outstanding for more than a year as of any date during the year covered by this report, or notes payable which are regularly renewed from year to year. Use same method of averaging as is used in determining average fair market value of assets.

PRINCIPAL BUSINESS ACTIVITY

In reporting the "principal business activity" give the one activity that accounts for the largest percentage of total receipts. "Total receipts" means gross receipts plus all other income. State the broad field of business activity as well as the specific product or service (e.g., mining copper, manufacturing cotton broad woven fabric, wholesale meat, retail men's apparel, export or import chemicals, real estate rental, or real estate operation of motel).

State of New York Department of Taxation and Finance

IMPORTANT NOTICE TAX LAW CHANGES

Chapter 895, Laws of 1975, increases tax rates under Article 9A and 13 of the Tax Law, for all periods begun on or after January 1, 1975. It also imposes a one year surcharge of 20% of the tax (before allowance of any eligible business facility credit, investment tax credit and/or DISC, export credit) applicable to taxpayers! first period begun on or after January 1, 1975. If the period on which the surcharge is computed is less than twelve months, the surcharge is imposed on a prorated part of the second year's tax.

Every franchise tax report (Form CT-3 1975, Form CT-4 1975 or Form CT-13 1975) MUST include a rider in which the increased rates are applied to tax bases and the surcharge is added. THE RIDER MUST BE COMPLETED IN CONJUNCTION WITH SCHEDULE A, FORM CT-3, FORM CT-4 or FORM CT-13.

RIDER - FORM CT-3 1975 1. Allocated Net Income shown at Item 1 of Schedule A x 10%...\$ Allocated Capital shown at Item 2 of Sch. A x .00178.....S Alternative base shown at Item 3 of Sch. A x 10%..... 250.00 Allocated Subsidiary Capital shown at Item 5 of Tax Before Credits; Largest of Lines 1, 2, 3 or 4 above, plus Line 5. Credits from Form CT-45, CT-46 and CT-3C (MAY NOT reduce Line 6 to less than the Minimum Tax)\$ Tax After Credits (Line 6 minus Line 7) Surcharge (20% x Line 6) Tax Due (Line 8 plus Line 9 - Enter at Item 6, 10. Schedule A. Form CT-3)

Lines 1 through 5 of this rider MUST ALSO BE ENTERED on Form CT-3, Schedule A, Items 1 through 5.

Line 10 of this rider MUST ALSO BE ENTERED on Form CT-3, Schedule A, Item 6.

Form CT-58 (1/76) Must Be Used To Obtain A Valid Extension For The Calendar Year 1975 And For Fiscal Years Ending in 1976

IF ADDITIONAL INFORMATION IS REQUIRED, TELEPHONE; (Area Code 518) 457-1000

(RIDERS for Forms CT-4 and CT-13 are on the back of this form.)

RIDER - FORM CT-4 1975

1. Net	Income show	a at Item 1 c	f Schedule A	× 10%	 None
				of Sch. A\$	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
				fficers Compens	Nort
				18	
6. Tax	- Largest of	f Lines 1, 3,	4 or 5 above		 250.00
7. Sur	charge (20% :	k-Line 6)			 50.40
	7.5	- 2017 (1994) (1994) - 100 (1994)	- Enter at It		300.00
	10,141,151,141,1				
					4

Lines 1 through 5 of this rider MUST ALSO BE ENTERED on Form CT-4, Schedule A, Items, 1 through 5.

Line 8 of this rider MUST ALSO BE ENTERED on Form CT-4, Schedule A, Item 6.

Form CT-58-(1/76) Must Be Used To Obtain A Valid Extension For The Calendar Year 1975 And For Fiscal Years Ending In 1976.

RIDER - FORM CT-13 1975

Lines 1 and 2 of this rider MUST ALSO BE ENTERED on Form CT-13, Schedule A, Items 1 and 2.

Line 5 of this rider MUST ALSO BE ENTERED on Form CT-13, Schedule A, Item 3.

(For corporations eligible to file this report, see instruction 1 on Page 2) 1974 CALENDAR YEAR 1974 or other taxable PERIOD BEGUN 1974 **ENDED** File with Corporation Tax Bureau, State Campus, Albany, N.Y. 12227, within 2½ months after close of report year. Please read instructions on Page 2 before preparing this report. PLEASE PRINT OR TYPE
ER FILE NUMBER BUREAU US Please use pre-addressed form. Schuyler Equipment Co., Inc. CT 1197 649 BB44 270 398.50 NAME Correct any error in Employer Num-1506 Whitesboro St. ber, address and Zip Code. Utica, N.Y. 13502 CITY OR TOWN, STATE AND ZIP CODE CHECK IF CHANGED ADDRESS EMPLOYER NUMBER SINCE LAST REPORT State or Country of Incorporation 197 Began Business in New York State 10-19 Principal business activity Business group code number (Per Federal return) Remittance Remit amount shown at Item 11, Schedule A payable to Corporation Tax Bureau 25.00 SCHEDULE A - COMPUTATION OF TAX Net Income: Schedule B, Item 4 X 9% \$ None Compensation of Officers: Schedule D, Item 1 Alternative Tax - 30 % X (Item 1+ Item 2 less \$15,000) X 9 % - Instruction 2 None Total Capital: Schedule C, Item 3, Instruction 3 X .0016 Now 5. Minimum \$125.00 Tax: Largest of Items 1, 3, 4 or 5 6. 125.00 Prepayments - Instruction 4 Non 8. Balance: Item 6 less Item 7 25.00 Interest: Compute on Item 8 - Instruction 5 10. Additional Charge: Compute on Item 8 - Instruction 6 11. Balance Due; Total of Items 8, 9 and 10 Pay b 25.00 Overpayment: Item 7 less Item 6 a. Credit to next period b. Refund SCHEDULE B - COMPUTATION OF ENTIRE NET INCOME Federal Taxable Income before net operating loss deduction and special deductions None New York State Franchise Tax deducted on Federal Return Nine Interest to stockholders \$ less 10% or \$1,000 whichever is larger—Instruction 7 Nini Taxable Net Income: Total of Items 1, 2 and 3 SCHEDULE B-1 — ADDITIONAL INFORMATION Total Receipts (Total income plus cost of goods sold from Federal return) Vm 2. Compensation of officers deducted on Federal return Nine 3. Interest deducted on Federal return SCHEDULE C — COMPUTATION OF CAPITAL — Enter total assets in columns a and b from balance sheet of Federal return. (C) AVERAGE FAIR MARKET VALUE INSTRUCTION 8 (A) BEGINNING OF YEAR (B) END OF YEAR **Total Assets** Wind Current Liabilities — Instruction 9 Nien Total Capital (Item 1 less Item 2) None **Issued Capital Stock** \$ None Paid in capital, Surplus and Reserves Non 6. Depreciable Assets and Land - Instruction 8. Nin SCHEDULE D — OFFICERS (appointed or elected) AND STOCKHOLDERS — include all officers, whether or not receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation. Salary & All Other ompensation Receive from Corporation Name and Address - Give actual residence (Attach rider if necessary:) Soc. Sec. Number Official Title Co None 1. Total (including any amount on rider.) Federal return was filed on Has the Internal Revenue Service corrected any reported taxable income NOT previously reported? Consolidated Basis Other . If "YES", complete and submit Form CT-3360 Yes Corporations organized outside New York State should complete the following with respect to capital stock issued and outstanding: Shares, \$; No Par Shares, \$ CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

SIGNATURE OF OFFICER

Paid by Pok Fab # 76

INSTRUCTIONS FOR NEW YORK STATE CORPORATION TAX FORM CT-4

1. CORPORATIONS ELIGIBLE TO FILE THIS REPORT:

This report form is for use by corporations taxable under Tax Law Article 9-A having only business capital and no place of business outside New York State, except omnibus corporations, real estate investment trusts, domestic international sales corporations (DISCS), stockholders in DISCS, and those:

- a. Having a tax in excess of \$1,000.00, or an estimated tax of more than \$1,000 on Application for Extension, Form CT-5, if filed.
- b. Claiming net operating loss deduction, optional depreciation deduction, adjustment for waste treatment or air pollution control facilities, credit for eligible business facility, or investment credit.

Tax Exempt DISCS must file Form CT-3B. Corporate stockholders in Tax Exempt DISCS must file Forms CT-3 and CT-3C. All other corporations taxable under Article 9-A, not eligible to file this form, must file Form CT-3. Forms may be obtained from the Corporation Tax Bureau of any district office of the Department of Taxation and Finance.

Corporations which have elected to file Form 1120-S, U.S. Small Business Corporation Income Tax Return, with the U.S. Treasury Department, and are subject to the franchise tax imposed by Article 9-A must file Form CT-4 or CT-3. The Taxable Income reported on Form 1120-S should be entered at Item 1, Schedule B on Form CT-4 or CT-3. Such corporations must attach copy of all pages of their Federal Return.

SCHEDULE A

- Item 3: If report is for less than a year, the \$15,000 exclusion is prorated proportionally. Professional Service Corporations formed on or after May 19, 1970 under Article 15 of the Business Corporation Law are not subject to this alternative tax. Section 210.1-b, Tax Law. Such corporations should leave item 2 blank and enter the initials "PC" in item 3, Schedule A.
- 3. Item 4: The tax rate for cooperative housing corporations as defined in the Internal Revenue Code is four-tenths of one mill. Section 210.1 (a) (2), Tax Law.
- 4. Item 7: The amount entered at this item should be the total of all payments made for the period covered by this report. Do not use this form if an amount of installment was entered at Item 3 on Application for Extension, Form CT-5. See instruction 1a.
- 5. Item 9: If the tax is not paid on or before the due date (determined without regard to any extension of time) interest at 8.5% per year must be paid on the amount of the underpayment from the due date to the date paid. Section 1084, Tax Law.

6. Item 10: ADDITIONAL CHARGE

- a. In case of failure to file a return when due or if the application for extension is invalid, add to the tax, less any payments made on or before the due date, 5 % per month up to 25 %.
- b. In case of failure to pay the tax shown on a return, add to the tax, less any payments made, ½ % per month up to 25%.
- c. The total of the additional charges in a. and b. may not exceed 5% for any one month.

If you think you are not liable for these additional charges, attach a statement to your return explaining the delay in filing and/or payment. Section 1085, Tax Law.

SCHEDULE B

7. Item 3: Enter here all interest paid or accrued on indebtedness directly or indirectly owed to any stockholder (including subsidiaries of a corporate stockholder) or members of his immediate family, owning in the aggregate in excess of 5% of the issued capital stock of the taxpayer. For purposes of this item, "immediate family" consists of brothers and sisters of the whole or half blood, spouse, ancestors and descendants. If no such interest was paid or accrued, enter "none".

SCHEDULE C

- 8. Item 1 and Item 6, column (c), Total assets and depreciable assets and land: The fair market value of any asset is the price (without any encumbrance, whether or not the taxpayer is personally liable) at which a willing seller, not compelled to sell, will sell, and a willing purchaser, not compelled to buy, will buy. Average fair market value is generally computed on a quarterly basis where the taxpayer's usual accounting practice permits. A more frequent basis (monthly, weekly or daily) may be used. Where the taxpayer's usual accounting practice does not permit computation of average fair market value on a quarterly or more frequent basis, a semi-annual or annual basis may be used if no distortion of average fair market value results.
- 9. Item 2, Current Liabilities: Include only liabilities maturing in one year or less from date originally incurred. Do not include loans or advances outstanding for more than a year as of any date during the year covered by this report, or notes payable which are regularly renewed from year to year. Use same method of averaging as is used in determining average fair market value of assets.

PRINCIPAL BUSINESS ACTIVITY

In reporting the "principal business activity" give the one activity that accounts for the largest percentage of total receipts. "Total receipts" means gross receipts plus all other income. State the broad field of business activity as well as the specific product or service (e.g., mining copper, manufacturing cotton broad woven fabric, wholesale meat, retail men's apparel, export or import chemicals, real estate rental, or real estate operation of motel).

STATE OF NEW YORK - DEPARTMENT OF TAXATION AND FINANCE CORPORATION TAX BUREAU

IMPORTANT NOTICE FOR CT-3 AND CT-4 FORMS

Use the pre-addressed report form. If an agent prepares your report, send these forms to him. Make all necessary corrections to the label.

Due to Computerization, it is vitally important that all items at the top of the report form, including the period information, as well as all items in Schedule A, be correctly entered. This will insure proper credit to your account.

An Application for Extension must include all identifying data from the pre-addressed report label.

The CT-3 must be used when an Application for Extension was filed showing an estimated tax of over \$1,000 with a 25% installment payment for the current tax year.

(See over)

NOTE: Revision of item sequence and entry of first installment and prepayments on Form CT-3

<u>Schedule A</u> on both the CT-3 and CT-4 has been revised. They provide for entry of data which progresses from the computation of tax, through additions and/or subtractions, to an end result - (balance due, or overpayment). In addition, on the CT-3 the first installment should be included in the prepayments.

Only one entry should be made at Item 7, Schedule A on Form CT-3: Item 7a if an Application for Extension was filed OR item 7b if tax reported is over \$1,000.00 and no Application for Extension filed. Item 9 of schedule A on the CT-3 requires entry of all prepayments (except installment payments made after filing the Application for Extension).

The amount entered on item 3 of an Application for Extension cannot be reduced or increased on the related completed report.

e over)

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report. rail Paid with FAS. (0 #647

Ø №

If "YES", complete and submit Form CT-3360

; No Par CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

Corporations organized outside New York State should complete the following with respect to capital stock issued and outstanding:

Consolidated Basis

Other

Shares, \$

INSTRUCTIONS FOR NEW YORK STATE CORPORATION TAX FORM CT-4

1. CORPORATIONS ELIGIBLE TO FILE THIS REPORT:

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- a. Having a tax in excess of \$1,000.00, or an estimated tax of more than \$1,000 on Application for Extension, Form CT-5, if filed.
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Tax Exempt DISCS must file Form CT-3B. Corporate stockholders in Tax Exempt DISCS must file Forms CT-3 and CT-3C. All other corporations taxable under Article 9-A, not eligible to file this form, must file Form CT-3. Forms may be obtained from the Corporation Tax Bureau or any district office of the Department of Taxation and Finance.

Corporations which have elected to file Form 1120-S, U.S. Small Business Corporation Income Tax Return, with the U.S. Treasury Department, and are subject to the franchise tax imposed by Article 9-A must file Form CT-4 or CT-3. The Taxable Income reported on Form 1120-S should be entered at Item 1, Schedule B on Form CT-4 or CT-3. Such corporations must attach copy of all pages of their Federal Return.

SCHEDULE A

- 2. Item 3: If report is for less than a year, the \$15,000 exclusion is prorated proportionally. Professional Service Corporations formed on or after May 19, 1970 under Article 15 of the Business Corporation Law are not subject to this alternative tax. Section 210.1-b, Tax Law. Such corporations should leave item 2 blank and enter the initials "PC" in item 3, Schedule A.
- 3. Item 4: The tax rate for cooperative housing corporations as defined in the Internal Revenue Code and for limited profit housing corporations organized and operating pursuant to the provisions of Article 2 of the Private Housing Finance Law is four-tenths of one mill. Section 210.1 (a) (2)/ Tax Law.
- 4. Item 7: The amount entered at this item should be the total of all payments made for the period covered by this report. Do not use this form if an amount of installment was entered at Item 3 on Application for Extension, Form CT-5. See instruction 1a.
- Item 9: If the tax is not paid on or before the due date (determined without regard to any extension of time) interest at 7.5 %-per year (8 % for periods beginning August 15, 1973 or later) must be paid on the amount of the underpayment from the due date to the date paid. Section 1084/ Tax Law.
- 6. Item 10: In case of failure to file a return when due or if the application for extension is invalid, add to the tax, less any payments made on or before the due date, 5% per month up to 25%.

In case of failure to pay the tax shown on a return, add to the tax, less any payments made, ½% per month up to 25%. The total of these additional charges may not exceed 5% for any one month.

If you think you are not liable for these additional charges, attach a statement to your return explaining the delay in filing and/or payment. Section 1085, Tax Law.

H

SCHEDULE B

7. Item 3: Enter here all interest paid or accrued on indebtedness directly or indirectly owed to any stockholder (including subsidiaries of a corporate stockholder) or members of his immediate family, owning in the aggregate in excess of 5% of the issued capital stock of the taxpayer. For purposes of this item, "immediate family" consists of brothers and sisters of the whole or half blood, spouse, ancestors and descendants. If no such interest was paid or accrued, enter "none".

1. 1. 1. 1. 1. 1. 1.

- Parties of the work of the second 8. Item 1 and Item 6, column (c), Total assets and depreciable assets and land: The fair market value of any asset is the price (without any encumbrance, whether or not the taxpayer is personally liable) at which a willing seller, not compelled to sell, will sell, and a willing purchaser, not compelled to buy, will buy, Average fair market value is generally computed on a quarterly basis where the taxpayer's usual accounting practice permits. A more frequent basis (monthly, weekly or daily) may be used. Where the taxpayer's usual accounting practice does not permit computation of average fair market value on a quarterly or more frequent basis, a semi-annual or annual basis may be used if no distortion of average market value results.
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PRINCIPAL BUSINESS ACTIVITY

In reporting the "principal business activity" give the one activity that accounts for the largest percentage of total receipts. "Total receipts" means gross receipts plus all other income. State the broad field of business activity as well as the specific product or service (e.g., mining copper, manufacturing cotton broad woven fabric, wholesale meat, retail men's apparel, export or import chemicals, real estate rental, or real estate operation of motel).

(For corporations eligible to file this report, see instruction 1 on Page 2) CALENDAR YEAR 1972 or other taxable PERIOD 1972 ENDED ___ 1972. File with Corporation Tax Burgau, State Campus, Albany, N.Y. 12227, within 2½ months after close of report year. Please read instructions on Page 2 before preparing this report. **BUREAU USE** PLEASE PRINT OR TYPE EMPLOYER IDENTIFICATION NUMBER AT 270 398 50 CT 1197649 Αľ CT 1197 649 270,398.50 Please use pre-SCHUYLER EQUIPMENT COMPANY, IN addressed form. R Correct any error 1506 WHITESBORD ST in Employer Num ber, address and UTICA NY Zip Code. repart che riggia avel BY CITY OR TOWN, STATE AND ZIP CODE SHAPE HIS PLOSE HIS LOST THE LOST THE POST CHECK IF CHANGED ADDRESS EMPLOYER NUMBER DATE Date 10-19 1972 Began Business in New York State State or Country of Incorporation New York Principal business activity 341 (V) Matifilites: lent résione matifile en réuting la cap yac en le \$ 125.00 Remit amount shown at Item 11, Schedule A payable to Corporation Tax Bureau -SCHEDULE A'- COMPUTATION OF TAX 10 754 at a distribution to select the property of the computation of TAX 10 754 at a distribution of the computation of the computat X-9% • \$ None 1. Net Income: Schedule B, Item 4 None 2: Compensation of Officers: Schedule D, Item 1 None Alternative Tax - 30% X (Item 1 + Item 2 less \$15,000) X 9% - Instruction 2 4. Total Capital: Schedule C, Item 3, Instruction 3545 or secons \$3.56, peop None \$125.00 5. Minimum \$4.644.44125.00 6. Tax: Largest of Items 1, 3, 4 or 5 cancers 7. Interest - Instruction 4 Additional Charge — Instruction 5 125.00 Total: Items 6, 7 and 8 10. Prior Payments - Instruction 6 as any equation for expension country of acquainty and ask None - -125.00 11. Balance Due: Item 9 less Item 10 12. Overpayment: Item 10 less Item 9 (a. Credit to next year-SCHEDULE B - COMPUTATION OF ENTIRE NET INCOME and the second of the seco Federal Taxable Income before net operating loss deduction and special deductions None New York State Franchise Tax deducted on Federal Return None less 10% or \$1,000 whichever is larger—Instruction 7 Interest to stockholders \$___ None Taxable Net Income: Total of Items 1, 2 and 3 None SCHEDULE B-1 - ADDITIONAL INFORMATION of the block entrol of the refer to be because horizing himsuce resolve to the second of the bound of the bound of the second 1. Total Receipts (Total income plus cost of goods sold from Federal return) None 2. Compensation of officers deducted on Federal return None 3. Interest deducted on Federal returns நடித்துகள் கண்டிகள் கண்கள் நடிகள் கண்கள் அளிக்கு None முன்றன. SCHEDULE C:- COMPUTATION OF CAPITAL - Enter total assets in columns a and b from balance sheet of Federal return. (C) AVERAGE FAIR MARKET VALUE INSTRUCTION 8 (B) END OF YEAR (A) BEGINNING OF YEAR 1. Total Assets

2. Current Liabilities - Instruction 9 o Schuboz- yapk so None -Busil -None Total Capital (Item 1 less Item 2)-**\$** None 4. Issued Capital Stock stands are the standard standard 28 07-3 REG QT-30 All offst 5. Paid in capital, Surplus and Reserves 6. Depreciable Assets and Land the basi None politica control C. CHOU SCHEDULE D — OFFICERS (appointed or elected) AND STOCKHOLDERS — Include all officers, whether or not receiving any compensation; and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation. Salary & All Other Compensation Received from Corporation Official Title Soc. Sec. Number Name and Address: Give actual residence (Attach rider if necessary.) None NOT DESIGNATED AS YET A MARK REPLE 1172 - 51: 1: 3 - 7 and 11 1. Total (including any amount on rider.) None Has the Internal Revenue Service corrected any reported taxable income? 200 Federal return was filed on -Have changes been reported on Forms CT-3360? 1120; 1120-\$; Consolidated Basis Corporations organized outside New York State should complete the following with respect to capital stock issued and outstanding: No Par CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report. -26-173

NEW YORK STATE CORPORATION EXANCHISE TAX REPORT ARTICLE 9A, TAX LAW (For corporations eligible to five this report, see instruction 1 on Page 2) CALENDAR 1972 or other taxable PERIOD 1972 1972, ENDED . File with Corporation Tax Bureau, State Campus, Albany, N.Y. 12227, within 2½ months after close of report year. Please read instructions on Page 2 before preparing this report. PLEASE PRINT OR TYPE BUREAU USE EMPLOYER IDENTIFICATION 1197649 378.50 AT ΑI Please use pre-Lquipment addressed form. Correct any error В in Employer Number, address and Zip Code. т RΥ CHECK IF CHANGED SINCE LAST REPORT ADDRESS EMPLOYER NUMBER DATE State or Country of Incorporation Date 1972 Began Business in New York State 19 Principal business activity Business group code number (Per Federal return) REMITTANCE Remit amount shown at Item 11, Schedule A payable to Corporation Tax Bureau 125.00 SCHEDULE A - COMPUTATION OF TAX Net Income: Schedule B, Item 4 X 9% Vone 2. Compensation of Officers: Schedule D, Item 1 vone Alternative Tax – 30% X (Item 1 + Item 2 less \$15,000) X 9% – Instruction 2 làn Total Capital: Schedule C, Item 3, Instruction 3 X .0016 une 5. Minimum \$125.00 6. Tax: Largest of Items 1, 3, 4 or 57. Interest – Instruction 4 125.00 8. Additional Charge — Instruction 5 Total: Items 6, 7 and 8 125.00 Prior Payments - Instruction 6 10. Mone Balance Due: Item 9 less Item 10 25.00 12. Overpayment: Item 10 less Item 9 a. Credit to next yearb. Refund SCHEDULE B - COMPUTATION OF ENTIRE NET INCOME Federal Taxable Income before net operating loss deduction and special deductions None 2. New York State Franchise Tax deducted on Federal Return Interest to stockholders \$______less 10%
Taxable Net Income: Total of Items 1, 2 and 3 less 10% or \$1,000 whichever is larger-Instruction 7 Wor SCHEDULE B-1 - ADDITIONAL INFORMATION Total Receipts (Total income plus cost of goods sold from Federal return) None Compensation of officers deducted on Federal return Interest deducted on Federal return Non SCHEDULE C - COMPUTATION OF CAPITAL - Enter total assets in columns a and b from balance sheet of Federal return. (C) AVERAGE FAIR MARKET VALUE INSTRUCTION 8 (A) BEGINNING OF YEAR (B) END OF YEAR Total Assets None Current Liabilities - Instruction 9 Total Capital (Item 1 less Item 2) \$ t/out **Issued Capital Stock** Paid in capital, Surplus and Reserves Depreciable Assets and Land SCHEDULE D — OFFICERS (appointed or elected) AND STOCKHOLDERS — Include all officers, whether or not receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capitalistock who received any compensation. Salary & All Other Name and Address — Give actual residence (Attach rider if necessary.) Soc. Sec. Number Official Title pensation Received from Corporation Nou designates 1. Total (including any amount on rider.)

Consolidated Basis

Shares, \$

; No Par

Corporations organized outside New York State should complete the following with respect to capital stock issued and outstanding:

Have changes been reported on Forms CT-3360?

Federal return was filed on -

1120-5;

Has the Internal Revenue Service corrected any reported taxable income?

Yes No Yes ONo

INSTRUCTIONS FOR NEW YORK STATE CORPORATION TAX FORM CT-4

1. CORPORATIONS ELIGIBLE TO FILE THIS REPORT:

This report form is for use by corporations taxable under Tax Law Article 9-A having only business capital and no place of business outside New York State, except omnibus corporations, real estate investment trusts, domestic international sales corporations (DISCS), stockholders in DISCS, and those:

Having a tax in excess of \$1,000.00.

Claiming net operating loss deduction, optional depreciation deduction, adjustment for waste treatment or air pollution control facilities, credit for eligible business facility, or investment credit.

Tax Exempt DISCS must file Form CT-3B. Corporate stockholders in Tax Exempt DISCS must file Forms CT-3 and CT-3C. All other corporations taxable under Article 9-A, not eligible to file this form, must file Form CT-3. Forms may be obtained from the Corporation Tax Bureau or any district office of the Department of Taxation and Finance.

Corporations which have elected to file Form 1120-S, U. S. Small Business Corporation Income Tax Return, with the U. S. Treasury Department, and are subject to the franchise tax imposed by Article 9-A must file Form CT-4 or CT-3. The amounts reported on Form 1120-S should be entered on Form CT-4 or CT-3. Such corporations must attach copy of all pages of their Federal Return.

SCHEDULE A

- Item 3: If report is for less than a year, the \$15,000 exclusion is prorated proportionally. Professional Service Corporations formed on or after May 19, 1970 under Article 15 of the Business Corporation Law are not subject to this alternative tax. Section 210.1-b, Tax Law. Such corporations should leave item 2 blank and enter the initials "PC" in item 3, Schedule A.
- Item 4: The tax rate for cooperative housing corporations as defined in the Internal Revenue Code and for limited profit housing corporations organized and operating pursuant to the provisions of Article 2 of the Private Housing Finance Law is four-tenths of one mill. Section 210.1 (a) (2), Tax Law.
- Item 7: If the tax is not paid on or before the due date (determined without regard to any extension of time) interest at 7.5% per year must be paid on the amount of the underpayment from the due date to the date paid. Section 1084, Tax Law.
- 5. Item 8: In case of failure, not due to reasonable cause, to file a return when due, there shall be added to the tax, less any payments made on or before the due date, 5% per month up to 25%.

In case of failure, not due to reasonable cause, to pay the tax shown on a return, there shall be added to the tax shown, less any payments made, 1/2% per month up to 25%. The total of these additional charges may not exceed 5% for any one month.

If you think you are not liable for these additional charges, attach a statement to your return explaining the delay in filing and/or payment. Section 1085, Tax Law.

Item10: The amount entered at this item should be the total of all payments made for the period covered by this report. <u>Do not include</u> amount of installment entered at Item 3 on Application for Extension, Form CT-5, or installment payments made after filing application for extension.

SCHEDULE B

7. Item 3: Enter here all interest paid or accrued on indebtedness directly or indirectly owed to any stockholder (including subsidiaries of a corporate stockholder) or members of his immediate family, owning in the aggregate in excess of 5% of the issued capital stock of the taxpayer. For purposes of this item, "immediate family" consists of brothers and sisters of the whole or half blood, spouse, ancestors and descendants. If no such interest was paid or accrued, enter "none".

SCHEDULE C

- 8. Item 1, column (c), Assets: The fair market value of any asset is the price (without any encumbrance, whether or not the taxpayer is personally liable) at which a willing seller, not compelled to sell, will sell, and a willing purchaser, not compelled to buy, will buy. Average fair market value is generally computed on a quarterly basis where the taxpayer's usual accounting practice permits. A more frequent basis (monthly, weekly or daily) may be used. Where the taxpayer's usual accounting practice does not permit computation of average fair market value on a quarterly or more frequent basis, a semi-annual or annual basis may be used if no distortion of average market value results.
- Item 2, Current Liabilities: Include only liabilities maturing in one year or less from date originally incurred. Do not include loans or advances outstanding for more than a year as of any date during the year covered by this report, or notes payable which are regularly renewed from year to year. Use same method of averaging as is used in determining average fair market value of assets.

PRINCIPAL BUSINESS ACTIVITY

In reporting the "principal business activity" give the one activity that accounts for the largest percentage of total receipts. "Total receipts" means gross receipts plus all other income. State the broad field of business activity as well as the specific product or service (e.g., mining copper, manufacturing cotton broad woven fabric, wholesale meat, retail men's apparel, export or import chemicals, real estate rental, or real estate operation of motel).

CERTIFIFICATE OF INCORPORATION

SCHUYLER EQUIPMENT COMPANY, INC.

Prusuant to Section 402 of the
Business Corporation Laws

The Undersigned, for the purpose of forming a corporation prusuant to section 402 of the Business Corporation Law of the State of New York, does hereby certify:

- The name of the corporation shall be Schuyler Equipment Company, Inc.
- The purpose for which the corporation is formed is to buy, manufacture, assemble, lease (either as lessee or lessor), sublease (either as lessee or essor), purchase, or in any other manner acquire, sell, or in any other manner ispose of, export, import, use, operate, rent, hire, furnish, grant the use of, epair, and generally deal in all types of motor vehicles, motorized equipment, tationary equipment, apparatus, tools, machines of any nature, and property of my and every land and description; to purchase or otherwise acquire, construct, equip, make, improve, and operate, or aid or subscribe toward the acquisition, onstruction, equipping, making, improving, and operating of plants, mills, actories, storehouses, garages, buildings, and works of all kinds, in so far as the same may appertain to, or be useful for, or in connection with the conduct of the business enterprise of this corporation.
- The office of the corporation shall be located in the Town of Schuyler, ounty of Herkimer, and State of New York
- The total number of shares which the corporation shall have authority to ssue shall be 200, all of the same class, and having no par value.

- The Secretary of State of the State of New York is designated as the agent of the corporation upon whom process in any action or proceeding against It may be served. The address to which the Secretary of State shall mail a copy of process in any action or proceeding against the corporation which may be served upon him is 1506 Whitesboro Street, Utica, New York.
- The incorporator is a natural person over the age of twenty-one years.

In Witness Whereof I have signed this Certificate of Incorporation on his/O day of October, 1972.

> 1506 Whitesboro Street Utica, New York

State of New York) ss: County of Oneida

On the O day of October, 1972, before me personally came William C. aetano to me known and known to me to the individual described in and who xecuted the foregoing certificate, and he acknowledged to me that he executed he same

Notary Public

Paid Receivable Invoices

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70 Phone 732-1011	SUBJECT	
ITT CONTINENTAL BAKING		
601 - 2nd Street		
Utica, New York		
		1
> Repair damaged door and door frame at Rome, New Yo	ork Thrift Store	4
Labor & Materials	\$228.46	e de la companya de l
4% NYSS Tax	9.14	<i>₹.</i>
Total	\$237.60	†
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Realty Invoice Hinder ITT Continental Baking 601 2nd St Repair dammed dan And done frame At Rome N.Y. Thriff Hove Labor & Materials 4% NYSS Try Total _

Port NY TRIFT STORE matil Fee 28.23 \$ 208.13 LEPAIR DAMAGED BOOK +FRAME AS REQUIRED. LABOR W/INS. MAT. 18.80 102 FEE 207.76 20.70 10% O.H. 228.46

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Utica, New York Re: 225 Elizabeth St.			- 	a i san sansaalin sa a s
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Regular cleaning for month of Jan. 1977		\$200.00	3	
1-4-77 Repair door lock		12.00	\$ 3 1	
		\$212,00	4 1	
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July 1/17	e contractor de la cont			PP-Miller ne i serrestabilida e ndesge vi en de use
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	SIGNED			
☐ PLEASE REPLY ☐ NO REPLY NECESSARY				

New York State

Teamsters Council Health and Hospital Fund

TRUSTEES

Employer Representatives

Thomas R. Blando, Sec'y,

UTICA

J. M. Willis,

BUFFALO

William H. Mosley, Sr., NEW HARTFORD

David G. Quidort, MECHANICSBERG, PA. 5 RUTGER PARK

UTICA, NEW YORK 13501

Telephone UTICA 797-7525

•

W-027

TRUSTEES

Labor Representatives

R. F. DePerno, Treas.

UTICA

Donald Wells,

BUFFALO

Nicholas Robilotto,

ALBANY
Paul Gambacorto,

SYRACUSE

February 3,1977

Gaetano Realty Corp. 1506 Whitesboro Street Utica, New York 13502

Gentlemen:

Enclosed please find check #7092 in the amount of \$212.00 for cleaning for month of January 1977, 225 Elizabeth Street.

Very truly yours,

N.Y.S. TEAMSTERS COUNCIL

HEALTH AND HOSPITAL FUND

William H. Mosley, Sr.

Administrator

WHM: and

Encl. check

GAETANO REALTY CORP. 1506 Whitesboro Street UTICA, NEW YORK 13502	INVOICE		1
	DATE	12-22-76	
Phone 732-1011	SUBJECT		•
CARRIAGE HOUSE			1
Commercial Drive			d.
New Hartford, New York			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Columns and side entrance work as per attached l	breakdown	\$1,434.10	
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☐ PLEASE REPLY ☐ NO REPLY NECESSARY

CARRIAGE HOUSE

Repaired all exterior columns and repainted same. Repaired, caulked and painted side entrance and installed threshold.

Labor:	Supervision Carpenter Laborers	- - -	3 1/2 hrs 32 hrs 42 hrs	\$ 43.37 363.52 423.78
Trucking & Driver		-	2 hrs	20.00
Materials from inv		,		30.47
Materials from sup invoices				304.96 \$1,186.10
Overhead & Fee				248.00
•			TOTAL	\$1,434,10

Plain bowd Digenal only DKAL CARRIAGE House Repaired all systemia columns And repainted some. Repaired, CAU/Ked And painted side entrance and motalled threshold. Labon: Lygen testel - 3/2 hr 43.37 Carepater - 32 hrs 3635L Lobour - 42 his 423.78 Trucking + Driver - 2 hrs. 20.00

Materials from conventing as per
attacked list 30.47 Materiels from suppliers - converies attacked. 304.96 11P6.10 One had + fee 248.00 1304.10 14341

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CARRIAGE House

Repaired all sexterior columns And repainted some. Repaired, CAU/Ked And parted side entrance and motalled threshold.

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Carepater - 32 hr. 363.52

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otherholdert 30.47

Materials from suppliers - corrains

304.96 F/196.10

One had + fee



PIONEER STEEL ENGINEERING

INCORPORATED

GREENFIELD, MASS. 01301



413-772-0821

FABRICATED REINFORCING BARS - HOLLOW METAL DOORS - STEEL STORAGE PRODUCTS

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CABINETS	BUILDING SUPPLIES—HARDWAF	RE-DU	PONT PA	AINTS	
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36100

THIS INVOICE WILL NOT BE ITEMIZED AGAIN.

Claim Will Be Considered Unless Made in Writing Within five Days From Receipt of Material.

All Returned Merchandise is Subject to a 15% Handling Charge.

Service Charge on Past Due Accounts at Rate of 1 1/5% Per Month.

CUSTOMER COPY

DATE ST	CUST.	INVOICE	SM		10
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GAETANO REALITY 1506 WHITESBORD STREET UTICA, NEW YORK



JAY-K INDEPENDENT LUMBER CORP.

SENECA TURNPIKE . NEW HARTFORD, N.Y. 13413 ROME 337-0230 UTICA 735-4477

> PLEASE USE THIS ACCOUNT NUMBER WHEN ORDERING AND PAYING.

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INVOICE TOTAL

ALL CHARGES ARE DUE WITHIN 30 DAYS OF DATE OF RECEIPT OF MERCHANDISE. PAST DUE ACCOUNTS WILL BE SUBJECT TO A FINANCE CHARGE OF 1 1/2 % PER MONTH (AN ANNUAL PERCENTAGE RATE OF 18%). ORIGINAL INVOICE

ROME 337-0230

JAY-K INDEPENDENT LUMBER CORF

UTICA 735-4477

SENECA TURNPIKE . NEW HARTFORD, N.Y. 13410

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GAETANO REALITY

UTICA, NEW YORK

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JAY-K INDEPENDENT LUMBER CORP.

SENECA TURNPIKE . NEW HARTFORD, N.Y. 13413 UTICA 735-4477 ROME 337-0230

> PLEASE USE THIS ACCOUNT NUMBER WHEN ORDERING AND PAYING.

CHRIS KELLY

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ORIGINAL INVOICE

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GAETANO REALITY O 1506 WHITESBORD

UTICA, NEW YORK 13502

PLEASE USE THIS ACCOUNT NUMBER WHEN ORDERING AND PAYING.

SENECA TURNPIKE . NEW HARTFORD, N.Y. 13413

JAY-K INDEPENDENT LUMBER CORP.

UTICA 735-4477

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ALL CHARGES ARE DUE WITHIN 30 DAYS OF DATE OF RECEIPT OF MERCHANDISE. PAST DUE ACCOUNTS WILL BE SUBJECT TO A FINANCE CHARGE OF 1 1/2 % PER MONTH (AN ANNUAL PERCENTAGE RATE OF 18%).

SHEPARD PAINT & WALLPAPER CO.

__DUTCH BOY PAINTS___

VENETIAN BLINDS - WINDOW SHADES - LINOLEUM - TILE - WALLBOARD FORMICA AND PLASTIC WALL TILE

	FORMICA AND PLASTIC WALL TILE	
Phone 724-6123		418 COLUMBIA ST.
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SHEPARD PAINT & WALLPAPER CO.

__DUTCH BOY PAINTS__

VENETIAN BLINDS - WINDOW SHADES - LINOLEUM - TILE - WALLBOARD

FORMICA AND PLASTIC WALL TILE

Laure 724-6123

724-6124

EMIL SCHOTT ASSOCIATES. UTICA. H.Y.

s 22256 SHEPARD PAINT & WALLPAPER CO.

__DUTCH BOY PAINTS___

VENETIAN BLINDS - WINDOW SHADES - LINOLEUM - TILE - WALLBOARD

FORMICA AND PLASTIC WALL TILE 418 COLUMBIA ST. Phone 724-6123 418 COLUMBIA ST. 724-6124 Address.

EMIL SCHOTT ASSOCIATES.UTICA.H.Y.



GAETANO REALTY CORP. 1506 Whitesboro Street UTICA, NEW YORK 13502

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		DATE December 20	, 1976
Phone 732-1011		SUBJECT	
New York State Teamsters Health & Hospital	Fund		
5 Rutger Park			
Utica, New York RE: 225 Elizabeth St.			
			The second s
> Complete cleaning of 1st floor offices and	l bathrooms	Nov.11 Vacuumed floors	s,
washed floors, cleaned desks, etc.		\$150.00	e ga sausa e e e e
Regular cleaning for month of November		100.00	er es as armentes a company
	TOTAL	\$250.00	
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☐ PLEASE REPLY ☐ NO REPLY NECESSARY			



GAETANO REALTY CORP.

1506 Whitesboro Street UTICA, NEW YORK 13502

INVOICE

		DATE
0	Phone 732-1011	SUBJECT
	New York State Teamsters Health & Hospital Fund	
	5 Rutger Park	e de la companya del companya de la companya del companya de la co
	Utica, New York	
	Work performed as requested at 223 - 225 Elizabeth	St., Utica, N. Y. as per
	attached scope of work	
	Labor, Material and Equipment as per attack	ched breakdown \$4,960.39
		The first of the control of the cont
* 118-1	Paid	12/23/76
•		
		SIGNED
	☐ PLEASE REPLY ☐ NO REPLY NECESSARY	

SCOPE OF WORK 223 - 225 ELIZABETH STREET

Install new toilet seats in bathroom

Reinstall marlite wainscoting in 2 toilet rooms

Install and refit new ceiling panels and paint grid in 2 toilet rooms

Install new exhaust fan in men's toilet & wire same.

Complete painting in 2 toilet rooms

Install and wire exhaust fan in ceiling of employment section

Complete taping of wallboard in stairway and welly stand 2nd floor, and rooms on 1st and 2nd floor. Install corner beads where needed.

Paint above areas and walls of hallways 1st and 2nd floor and complete clean-up.

and install eggcrate panels for air circulation and exhaust.

NEW YORK STATE TEAMSTERS HEALTH & HOSPITAL FUND

RE: 223-225 Elizabeth Street

Labor:	Superintendent Carpenter Laborers	35 120 168½	hrs. hrs. hrs.	\$ 525.00 1,635.60 2,040.54
Trucking: Equipment:	15 hrs. @ \$12. p Scaffolding, skill		•	180.00 75.00
Materials fro	m suppliers as per atta	ched invo	ice S	330.77

Materials from Inventory:

5	sheets 1/4" Plywood	37.50
_	2 x 4 x 172'	28.68
1	4" Vent Cap	5.00
15	Tubes Construction Adhesive	45.00
4 :	Sheets 5/8 Plywood	44.00
30 '	12/2 Romex	5.30
	Romex Connectors	3.00
	Misc. Nails	5.00
		\$ 173.48

Scope of Work 223-Sustail new toilet seats in back room Revistall mar lite wains coting in z Toletrooms Justal and refet new cerbig panels and point grid in 2 Toletrom Install now exclanat four in men's trift & wire some Complete painting in 2 tocktown. Install and wire exhaust four in ceiling of employment Section and install eggerate panels for air circulation and of houst. Complete taping of wall brand in stair way and well I stand 2 nd floor and rooms on 1 of and 2 nd floor Install Corner beads where needed. Pant above areas and walls of hallways 1st and 2nd floors. and complete cleanup.

N.Y.S. Temmsters Health + Horgital Fund RE: 1 225 Elian both Street Labor: Systember 25 hrs. 525.00 Conjunter 120 hrs 1635.60 Labour 16 pk hus. 2040.54 Trucking: 15 hrs 0 12 puch Eyupomit: Scriffolding, skill saws ob 180.00 75.00 Materials from engelies as per attached invois 330.77 Materials for Investay: 5 shoots 1/4 " Phymod 37.50 2 x 4 x 172'

1- y" Vent Caps

15 Tubes Construction. Adheric 2P.6P 5.00 45-00 4 shoots Fr Phywood 44.00 30' 14/2 Romy 530 Romer Connection 3.00 Mice wails 5.00 173.48 Scothling, skill same + mire 26.00

N.X. S. Tank Complet. 225 Elienbeth St Heath & Hopeld Ful Ful Materials from inventory: 10-29 16 sq ft 1/4" Plyword 4.16 2 x 4 x 16 2.55 4 Tales Construction Adheric 936 1 - 4" Dayer Vent Cays 3./L 10 Tubes Construction. Adherin 2340 15' 12/2 Komey 2.65 Romy connectors 2.08 4P sg ft 5/2 Plyform 16.97 2 x y x 56' 8.93 63.86 Matuils from Lygeleis As per Attacked envoice 330.77 Trucking - P/2 hrs @ 12 pmh 102.00 LASOr: Sapermented 16 km 204.44 Carpenter 93% his Laborer 168% his 1062.16 1700.17 18th 3463.40 4963.40

Materials from inventage 16.29 16 sq ft 1/4" Phyward 2 x 4 x 16 2.55 4 Tales Construction Adding 936 1 - 4" Dayer Vent Caps 3.12 10 Tubes Construction. Adherin 2340 15 12/2 Komey 2.65 Romey connectors 2.07 4P 19 ft 5/2 Plyform 16.97 2 x y x 56' 8.93 63.36 Maturila from Lygeleis As per Attacked invocion 330.77 Trucking - Phoho @ 12 puh 102.00 LASOV: Sepermentet 16 k hus Carpenter 93 k hus Laborer 168 k hus 204.44 1062.16 1700.17 3463.40

RIVERSIDE MATERIALS INC.

RIVER ROAD MARCY, N. Y. 13403

Phone 724-8128

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ROBERTS MARDWARE CO., INC.

807 BROAD STREET UTICA, NEW YORK 13503

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MERCHANDISE RETURNED WITHOUT OUR

TOTAL

418 COLUMBIA ST.

__DUTCH BOY PAINTS__

VENETIAN BLINDS - WINDOW SHADES - LINOLEUM - TILE - WALLBOARD

FORMICA AND PLASTIC WALL TILE

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418 COLUMBIA ST.

-DUTCH BOY PAINTS

VENETIAN BLINDS - WINDOW SHADES - LINOLEUM - TILE - WALLBOARD

FORMICA AND PLASTIC WALL TILE

Phone 724-6123

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SHEPARD PAINT & WALLPAPER CO.

DISTRIBUTORS

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VENETIAN BLINDS - WINDOW SHADES - LINOLEUM - TILE - WA	LLBOARD
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GAETANO REALTY CORP.		_		
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300 CATHERINE STREET corner of JOHN STREET UTICA, NEW YORK 13503

INVOICE DATE	INVOICE NO.
11/01/76	158969
REMIT TO: 300 CATHERINE STREET UTICA, NEW YORK 13503	

GAETANO REALTY CORP. 1506 WHITESBORD STREET UTICA, NEW YORK 13502

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JOSEPH LITENNINS electric,co.inc.

300 CATHERINE STREET corner of JOHN STREET UTICA, NEW YORK 13503

ORIGINAL INVOICE

INVOICE NO. INVOICE DATE 158954 11/01/76 REMIT TO: 300 CATHERINE STREET UTICA, NEW YORK 13503

225 ELIZABETH ST GAETANO REALTY CORP. Contract Mateur 1506 WHITESBORD STREET. 13502 UTICA. NEW YURK 5.00 2.50 WILL APPLY TO ORDERS UNDER S SMALL ORDER CHARGE: A CHARGE NOT EXCEEDING \$ SALESMAN TERMS: DUE DATE AND CASH DISCOUNT IF APPLICABLE ARE LISTED BELOW. CUSTOMER JOB NO. CUSTOMER ORDER NO. 099 CUSTOMER NO. 01 SERVICE CHARGE 026400 DATE SHIPPED ADDED ON PAST 1.5 REFERENCE SHIPPED VIA NET AMOUNT 041632 OUR CODE NO. NET UNIT PRICE PRODUCT DESCRIPTION QUANTITY 42.00 42.000 1955225 FASCO 1SP UTIL EX FAN 12.85 12.850 1237 1 FASCO ATIC ALUM LOUVER 1956425 3112 THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7, AND 12 OF THE FAIR LABOR STANDARDS ACT AS AMENDED AND OF REGULATION AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF. TOTAL NET 54.85 RETURNED MERCHANDISE OR CLAIMS ARE SUBJECT TO THE CONDITIONS AS SHOWN ON SALES TICKET SALES TÄX 2.19 IF YOUR ACC'T. IS CURRENT 12/10/76 DEDUCT & THIS INVOICE IS PAID BY CASH 1.10 DISCOUNT INVOICE 57.04 AMOUNT 464.55 YOUR BALANCE AS OF THIS DATE IS

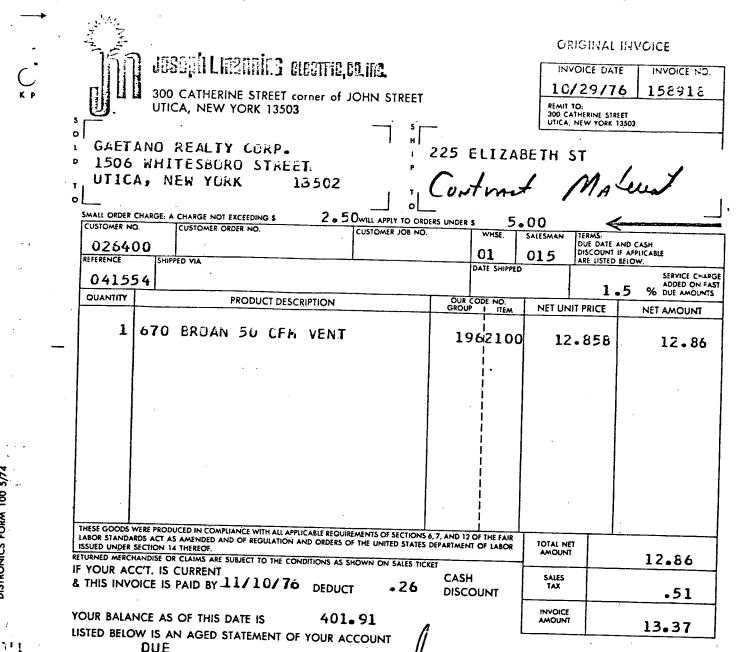
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STEEL STUDS - INSULATION - SHEET ROCK (Ymyl, Regular and Fire Code). SUSPENDED CEILING MATERIALS (Regular and Fire Proof) CONSTRUCTION MATERIALS AND MASON SUPPLIES NO RETURN ON SHEETROCK - OR - VENEER STONE

1027_JEFFERSON_AVE:_UTICA; N.Y. 13501 PHONE (315) 724-5970/724-0666

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- 1027 JEFFERSON AVE., UTICA, N.Y. 13501 PHONE (315) 724-5970/724-0666

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JAY-K INDEPENDENT LUMBER CORP.

SENECA TURNPIKE · NEW HARTFORD, N. Y. 13413

BOME 327-0230

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PLEASE USE THIS ACCOUNT NUMBER WHEN ORDERING AND PAYING.

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GAETANO REALTY CORP. 1506 Whitesboro Street UTICA, NEW YORK 13502

INVOICE

SIGNED

<u></u>		DATE	12-16-76
<i>70</i>	Phone 732-1011	SUBJECT	
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We paid tap at time of purchase

☐ PLEASE REPLY ☐ NO REPLY NECESSARY

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GAETANO REALTY CORP. 1506 Whitesboro Street UTICA NEW YORK 13502		INVOICE		
C		DATE December	8, 1976	
Phone 732-1011		SUBJECT		
Richard Abend, Attorney	• • • • • • • • • • • • • • • • •			· }
Coupe, Abend & Connors				l.
209 Elizabeth Street Utica, New York	<u> </u>			
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	GAETANO REALTY CORP. INVOICE	المحاجبة المحاجب والمحا
	1506-Whitesboro Street UTICA, NEW YORK 13502	1
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<i>TO</i>	Phone 732-1011 SUBJECT	
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Utio	ca, New York 13501	· · · · · · · · · · · · · · · · · · ·
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48 - Land Color of Companies, Library Manager		
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	SIGNED Sum	A Shela
	☐ PLEASE REPLY ☐ NO REPLY NECESSARY Brian A. Gaetano	, Vice-President

GAETANO REALTY CORP.	INVOICE
1505 Whitesboro Street UTICA, NEW YORK 13502	
	DATE 10-12-76
Phone 732-1011	SUBJECT
ACME MELE & MARBLE	
1506 Whitesboro Street	
Utica, New York	
> Change 2 locks on offices as requested	\$15.00
□ PLEASE REPLY □ NO REPLY NECESSARY	SIGNED

GAETANO REALTY CORP.	INCOICE	<u>.</u>
UTICA, NEW YORK 13502		
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